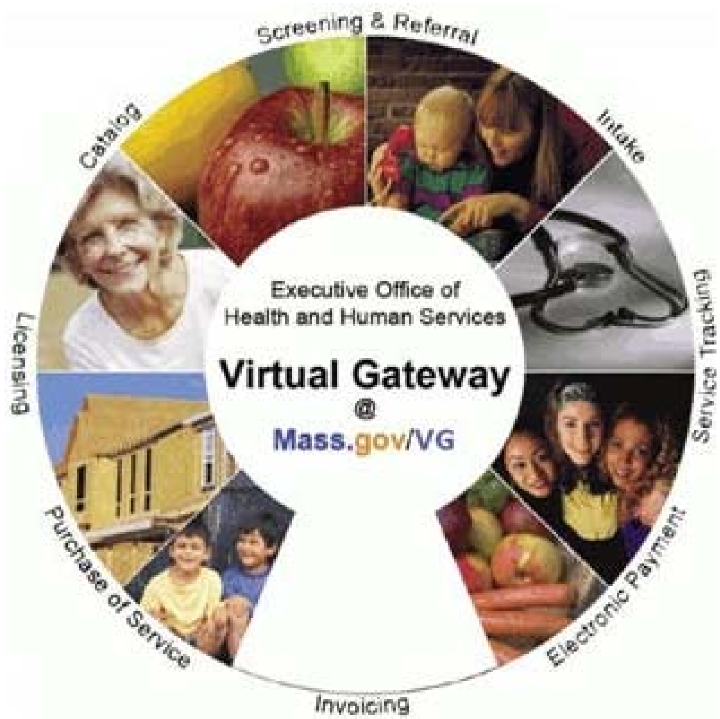
Commonwealth of Massachusetts
Executive Office of Health and Human Services

Virtual Gateway



Enterprise Service Management
Provider ESM Manual

July 2008

Table of Contents

Chapter 1: Getting Started

Introduction

Enterprise Invoice Management/Enterprise System Management (EIM/ESM) is a web-based billing and service delivery reporting system for Purchase of Service (POS) providers and is one of the many services offered through the Virtual Gateway. Use of specific EIM/ESM modules is discussed in later modules.

This module discusses the following topics:

- What is the Virtual Gateway
- System Requirements
- Accessing the Virtual Gateway
- Accessing provider services (including EIM/ESM)
- Password management

What is the Virtual Gateway?

The Virtual Gateway is a single point on the internet for accessing programs and services offered by the Executive Office of Health and Human Services (EOHHS).

The ultimate goal of the Virtual Gateway is to streamline service access and coordinate service delivery. It serves three important groups:

- Internal Health and Human Services staff
- Service provider staff
- Consumers

In addition to EIM/ESM the Virtual Gateway also offers:

- **Catalog:** An online catalog with descriptions of several of the most widely used programs in Health and Human Services.
- **Screening & Referral:** A short online survey for consumers and providers to determine potential eligibility for select EOHHS programs. Multiple services can be assessed at the same time.
- **Common Intake:** A single, online data collection tool for registered providers to create applications for multiple programs and services.

What is the Virtual Gateway?

(continued)

- **Transitional Assistance Gateway:** An online inquiry tool for registered agencies to view secure case management information for various transitional assistance programs, including Food Stamps, financial assistance, and homeless services (login required).
- **Provider Data Management:** An online service that gives *Purchase of Service (POS)* providers a single place to view, upload and edit information commonly requested by Health and Human Services agencies. The service also provides EOHHS agencies with a single place to view provider information (login required).
- **Service and Transition Planning:** An online tool for registered EOHHS staff and providers to support collaborative treatment planning and referral services for certain clients served by EOHHS (login required).
- **IRIS Services for Deaf and Hard of Hearing Consumers:** An online service for providers to request ASL interpreter or CART services on behalf of consumers; for ASL interpreters and CART reporters to post availability schedules, review and apply for open jobs (login required).
- **Homeless Management Information Systems:** The *Homeless Management Information Systems (HMIS)* perform data collection to capture information about citizens who experience homelessness (login required).
- **Mental Retardation Quality Management Reporting (HCSIS):** A service for POS providers, Department of Mental Retardation (DMR) staff, human rights coordinators, and others to file clinical information and reports on incidents, medication, restraints, and investigations for DMR clients (login required).
- **Senior Information Management System (SIMS):** An online data collection, case management, and reporting tool for Executive Office of Elderly Affairs (EOEA) agencies and providers. It enables users to track various programs for elders, including intake and referral, home care, nutrition, clinical assessments, and more (login required).

System Requirements

System Requirements for EIM/ESM and the Virtual Gateway

All computers used to access the Virtual Gateway require Internet Explorer 6.0 or higher.

For the EIM/ESM application, the minimum system requirements are:

- Windows (98, 2000 or XP Business)
- Internet Explorer 6.0 or higher
- 800x600 screen resolution
- 300MHz CPU and 128MB RAM

Additionally, the preferred system features to enhance the performance of EIM/ESM are:

- Windows XP (Business Class)
- 1024x768 screen resolution
- 500MHz CPU and 256MB RAM

Acceptable Alternatives:

- Operating System
  - Mac OS X
- Browsers:
  - Safari (Mac)
  - Firefox
  - Netscape

Note: Testing on the EIM/ESM application has not been conducted on these alternative platforms therefore compatibility issues may result.

Tip: If a lower screen resolution is selected, then the user needs to select the “Smaller” text size.

1. Select the View menu from the Internet Explorer browser.
2. Select **Text Size>>Smaller**.

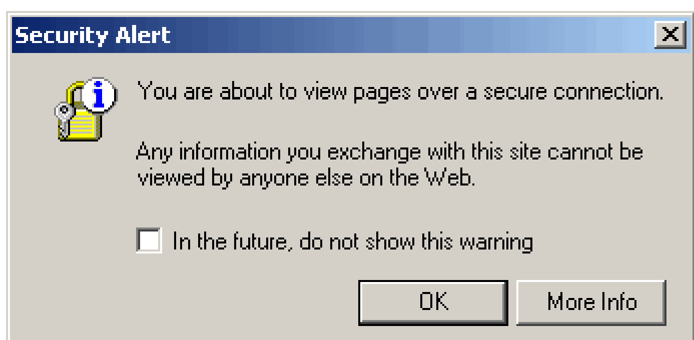
Accessing the Virtual Gateway

Access to EIM/ESM is through Virtual Gateway Provider Services. To Access Provider Services:

1. Open an Internet Explorer session.
2. Type web address **mass.gov/vg** in your browser.
3. Select 

from **ONLINE SERVICES** box.

Security Alert message appears.



4. Click OK.

Tip: Once you are in the Virtual Gateway, you must use the navigation tools that are part of the application *not* your internet browser's **Back** and **Forward** () buttons.

Accessing the Virtual Gateway *(continued)*

You are directed to the Virtual Gateway login page.

Note: *Security requires that each person have a Virtual Gateway username and password.*

The following steps guide you through logging into the Virtual Gateway:

1. Enter your **Username** and **Password**.

   Note: If you are an existing user, enter your current password. If you are a new user, enter the temporary password you received from your new user email.

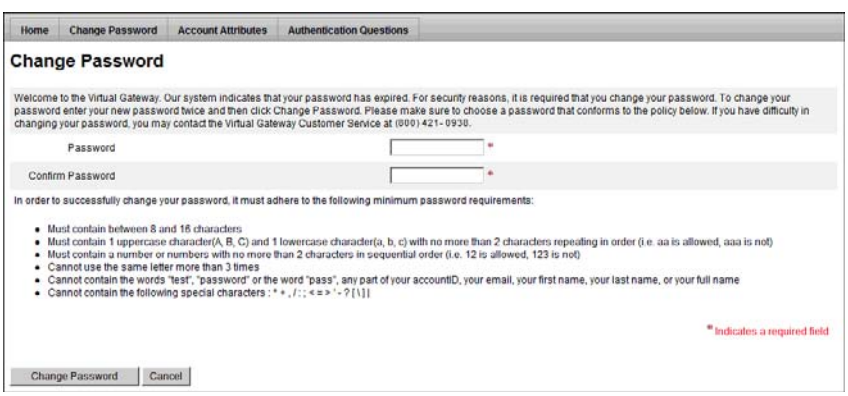
2. Click the **[Submit]** button. *The* ***Change Password*** *page appears*.

   Note: The first time you access the Virtual Gateway under this policy; you will be prompted to change your password. Please read and follow the password requirements on the Change Password page to successfully change your password.

To change your password:

3. Enter and confirm your new password in required fields.

   Click the **[Change Password]** button.



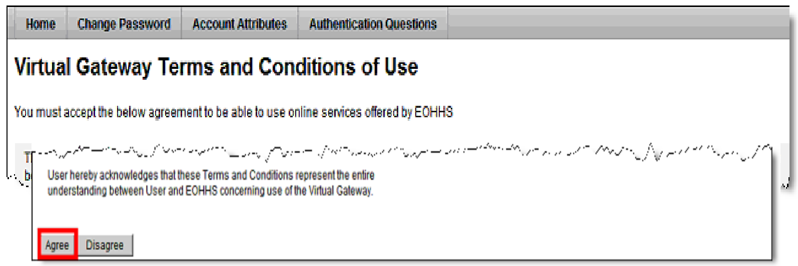
Accessing the Virtual Gateway Services

(continued)

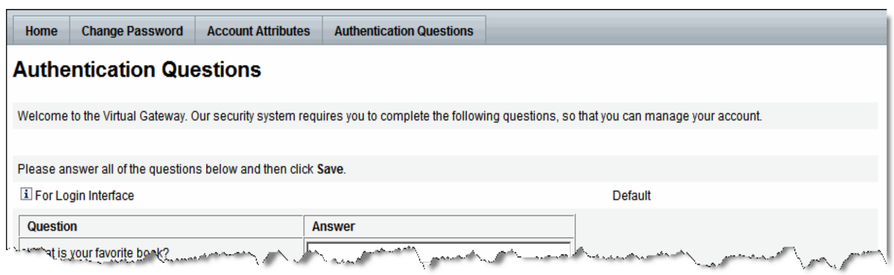
*The **Virtual Gateway Terms and Conditions of Use** page appears.*

4. Read the Terms and Conditions of Use.
5. Click the [**Agree**] button to continue.

   Note: Users are required to agree to the Virtual Gateway Terms and Conditions of Use upon first login.



*The **Authentication Questions** page appears.*



As part of the login process, you must complete all of the security authentication questions that display on this page.

Complete the following steps to submit answers to your security questions:

6. Answer all of the security questions.
7. Click the **[Save]** button to save your responses.

   *The **Business Services** page displays providing you to access your specific business service.*

Accessing the Virtual Gateway Services

(*continued*)

Notes and tips:

- Any time you change your password or call Virtual Gateway Customer Service with a password question, you will need to answer three of the seven authentication questions as verification. Questions are chosen at random. Answers to security questions are not case sensitive.
- Use passwords you are likely to remember, and be sure to not post it where others can access it.
- If you feel your password has been compromised, change your password.
- If you receive the error message "Invalid User name & Password. Please Try Again," call Virtual Gateway Customer Service for Assistance.
- You cannot reuse the same password.

Password Management

After your initial login, you can change your password at any time by clicking on the Manage My Profile link.

After logging in the first time, and at regular intervals afterward, users are required to change their password. There are several requirements for your new password:

- The user will be assigned an ID and temporary password sent through e-mail by the Virtual Gateway Customer Service. All users must change their password at first login.
- Must contain between 8 and 16 characters
- The password must contain 1 uppercase character (A,B,C) and 1 lowercase character (a,b,c) with no more than 2 characters repeating in order (i.e. aa is allowed, aaa is not).
- Must contain a number or numbers with no more than 2 characters in sequential order (i.e. 12 is allowed, 123 is not).
- Cannot use the same letter more than 3 times.
- Cannot contain the words “test”, “password” or the word “pass”, any part of your account ID, your email, your whole first name, your whole last name, or your full name.
- Cannot contain the following special characters: * + , / : ; < = > ‘ - ? [\ ] |
- Passwords are case-sensitive.
- Users will be automatically logged out of the system after 30 minutes of inactivity.
- EIM/ESM after 15 minutes of inactivity.

Important: You will need to disable any pop-up blocker in your browser to allow the change of password screen to appear. Contact your network administrator if you need assistance with this process.

Maintaining Account Information

Periodically, you will be prompted to change your password. As the expiration date for your password approaches, you will receive a message when you login to your account that your password will be expiring soon.

Complete the following steps to change your password before the expiration date:

1. Log into the Gateway. The Business Services page will display.
2. Click **Manage My Profile** link in the **[Account Management]** section on the right hand side of the page.
3. Click **Change Password** tab.
4. Enter and confirm your new password.
5. Click **[Change Password]** button.

Complete the following steps if you forget your password:

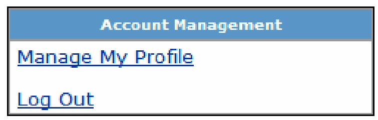
1. From the login page, click the Forgot Password? link.
2. Enter your username and click the **[Submit]** button.
3. Verify the answers to the security questions.
   You will be prompted to change you password.
4. Click the **[Login]** button.
5. Enter Password and Confirm Password.
6. Click the **[Change]** button.

Maintaining Account Information

If you would like to change other account information for your Virtual Gateway user ID, this can be done from the Account Maintenance page.

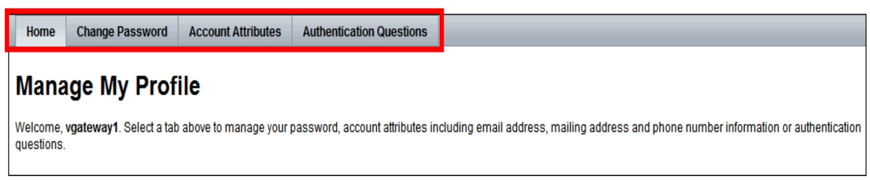
Complete the following steps to manage or change your account information:

1. Once logged in to the Gateway on the Business Services page, look for the **[Account Management]** section on the right hand side of the page.
2. Click the Manage My Profile link.



*The **Manage My Profile** page appears.*

3. Select the appropriate tab located at the top of the page to change your account information. Follow all instructions provided.



Virtual Gateway Customer Service Information

The Virtual Gateway Customer Service is available to assist with:

- General questions regarding the Virtual Gateway
- Technical questions or system issues
- Questions regarding how to use EIM/ESM
- Password resets

Please be prepared to provide the following:

- Name, organization, phone number, email address
- Module/page/field you were working on (if applicable)
- Description of the issue or error message
- Perceived criticality

You can reach the Virtual Gateway Customer Service at 1-(800)-421-0938 from 8:30 a.m. to 5 p.m. Please leave a message if calling after hours.

Chapter 2: Introduction to EIM/ESM

Introduction

The EIM/ESM service provides functionality for a variety of provider and agency users. These functions are presented as modules within EIM/ESM. Modules that are required to complete day-to-day responsibilities are covered in this user manual. Users have access to their required modules when logged into EIM/ESM. Other modules will not be accessible.

The EIM/ESM service is available seven days a week from 7 a.m. to 1 a.m. Thursday – Tuesday; 7 a.m. to 7 p.m. Wednesday.

Each module in the EIM/ESM service has a corresponding module in one of the EIM/ESM user manuals. This module discusses the following topics:

- What is EIM/ESM?
- EIM/ESM Overviews
- Benefits of EIM/ESM

What is EIM/ESM?

Enterprise Invoice Management/Enterprise Service Management (EIM/ESM) is a web-based billing and service delivery reporting system for Purchase of Service (POS) providers.

Enterprise Invoice Management (EIM) is an EOHHS-wide invoicing and service delivery reporting tool which coordinates invoicing and reporting across POS programs, agencies, and providers.

Enterprise Service Management (ESM) supports providers contracted through the Department of Public Health (DPH) with a client management and service tracking tool. ESM fully integrates and coordinates delivery and administration of care across DPH programs, bureaus, and providers.

This manual focuses on billing functionalities available in EIM. Additional information about EIM/ESM can be found under the Provider tab of the EOHHS web page: www.mass.gov/vg.

EIM Overview

EIM (Enterprise Invoice Management) enables provider organizations to invoice or bill EOHHS agencies for certain Purchase of Service (POS) contracted services.

Service Delivery Reports (SDRs):

- Are generated and submitted by providers through EIM
- Are automatically adjudicated within EIM
- Adjudication results can be viewed in EIM

PRC (Payment Request for Commodity):

- Are generated within EIM
- Can be tracked through EIM

ESM Overview

ESM (Enterprise Service Management) enables provider organizations to maintain their client roster, program enrollments, service plans, case management plans, and encounter documentation.

Client Management:

- Accepts electronic applications
- Maintains client information

Service Management:

- Determines eligibility
- Enrolls clients
- Manages authorizations
- Enables service planning and tracking

Note: Initially, ESM will be deployed for DPH programs only.

Benefits of EIM/ESM

How does the EIM/ESM service benefit providers?

- **Simplifies** reporting and invoicing for purchased services
- **Enables** providers to track invoices through the adjudication and payment process, providing information about status, adjustments, date of payment, etc.
- **Provides** unprecedented enterprise reporting capabilities to provider organizations as well as agencies

What are the benefits of EIM?

- Provides expedited payment
- Provides real-time payment processing
- Offers access to up-to-date financial data

What are the benefits of ESM?

- Provides access to dynamic data collection and reporting
- Provides online, client-based enrollment
- Enhances referral throughout treatment episode

Chapter 3: EIM/ESM Navigation Basics

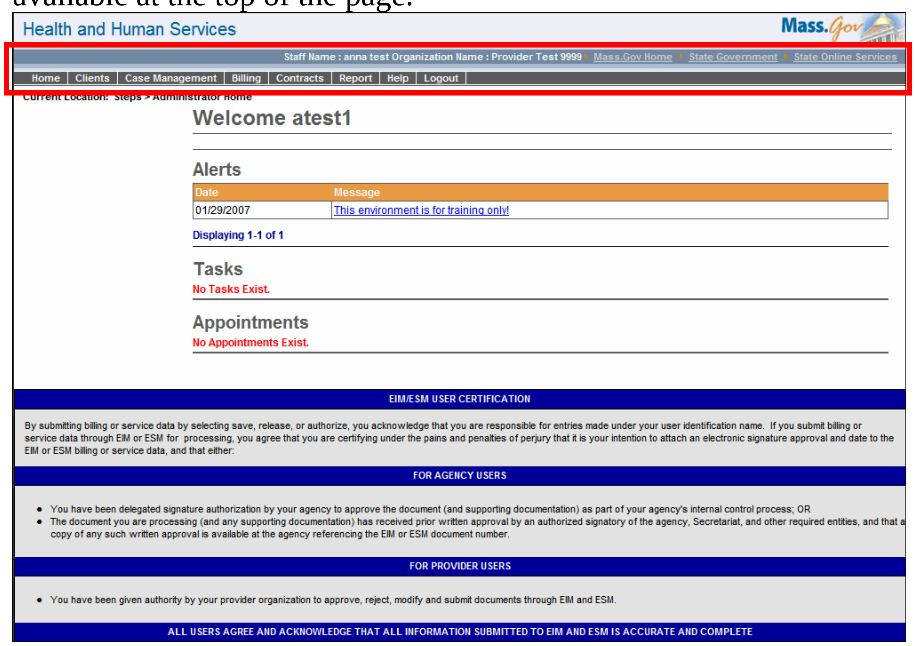
Introduction

Navigation is simple and consistent throughout each module in EIM/ESM. The topics in this module will help you:

- Understand the modular structure of EIM/ESM
- Navigate through each module
- Search for records
- Identify additional navigational tools

Module Links

When a user logs into EIM/ESM, the **module links** are immediately available at the top of the page.

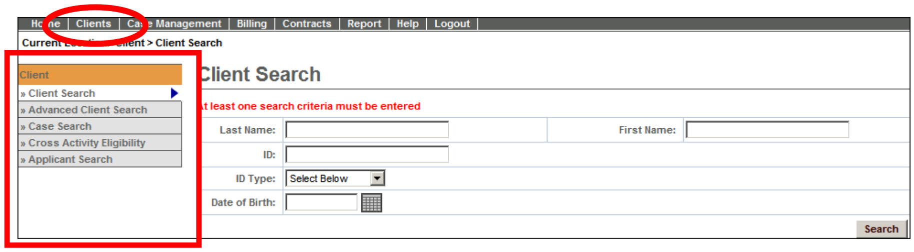


Each **module link** corresponds with a functional area: the **Clients** module provides access to eligibility and enrollment functions, the **Report** module provides access to reports. **Billing** module provides access to billing, etc.

Clicking a module link directs you to the corresponding features.

The Navigation Bar

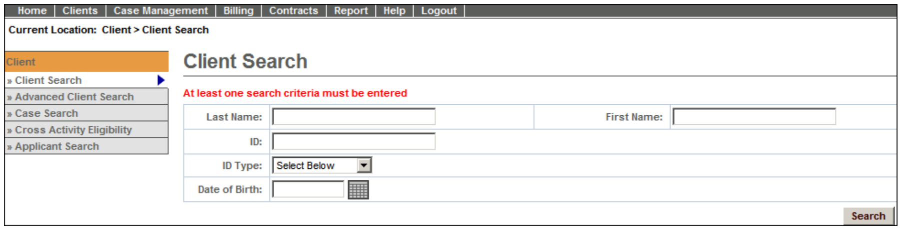
When a module is selected, a corresponding **navigation bar** appears on the left side of the page, allowing users to navigate to related functions.



The default page—the page that displays first when a module is selected—varies by module, but is typically a search page.

Searching for Records

Searching for a record is the first step in most EIM/ESM functions. Users search for clients, invoices, contracts, etc., depending on the functions they use.



Users search by entering a value or wild card search in a criteria field.

The wild card is **%.** It can be used in alpha-numeric fields alone or with other characters:

If the criteria is…	The results will be…
%son	Thompson, Johnson, Mason
m%n	Man, Mason, Mellon

The **%** can be used alone to return all records; however, the response time will be slower.

Tip: To narrow the search results, populate as many search criteria fields as possible (for example last name, birth date etc.)

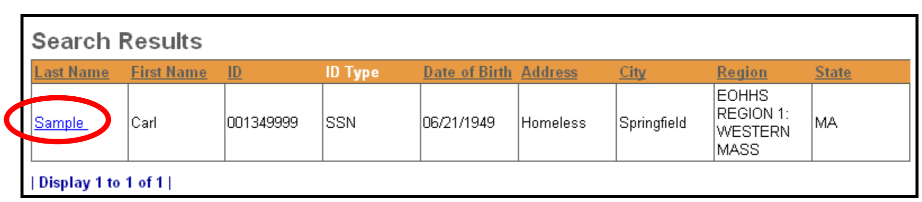
To search:

1. Enter criteria.
2. Click **Search**.

   The search results appear.

Search Results

Search results appear in a table with a link to access the record.



Search Results

Last Name	First Name	ID	ID Type	Date of Birth	Address	City	Region	State
Sample	Carl	001349999	SSN	06/21/1949	Homeless	Springfield	EOHHS REGION 1: WESTERN MASS	MA

| Display 1 to 1 of 1 |

Click the linked field to select and view the record.

Additional Navigational Tools

You can use the following tools to navigate through EIM/ESM.

Breadcrumbs

Breadcrumbs at the top of each page allow the user to navigate to previous pages easily.

Current Location: Client > Client Search > Face Sheet > Client Summary

In the above example, the current page displayed is **Client Summary**. To return to the Client Search page, simply click Client Search > . Do not use the browser Back button.

Hyperlinks

Clicking these links (blue underline) allows you to open the record or page related to client information.

Action Buttons

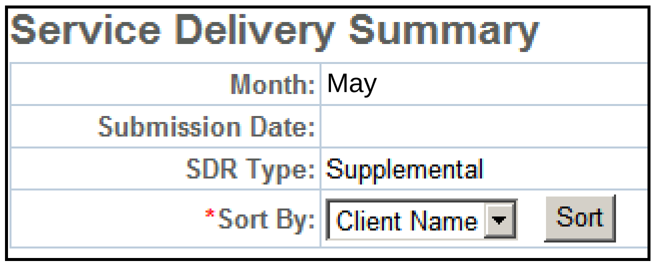
These buttons are used to inform the system to perform a function such as saving data, opening a new page, or performing a search.

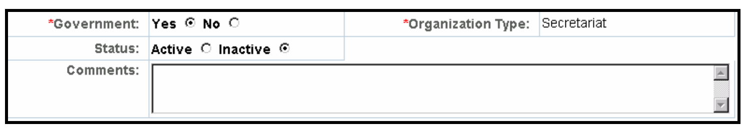
Page Characteristics

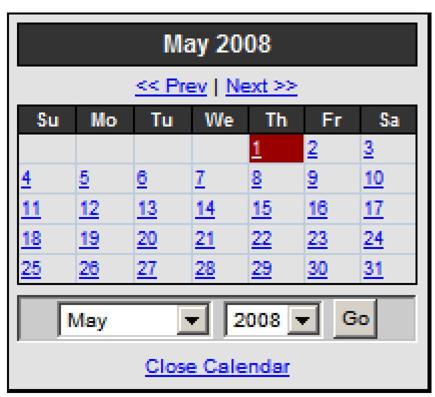
The look and feel of EIM/ESM is intended to be user-friendly.

The following table contains page characteristics with a graphic sample.

<table>
<tr><td>Required Fields

Required fields are identified on each page with a red asterisk (*) to the left of the field name. These fields must be entered before the system can perform an action such as save new data or perform a calculation. If required fields are not populated appropriately, an error message is presented to the user.</td><td>
</td></tr>
<tr><td>Optional Fields

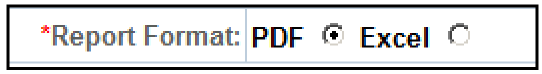
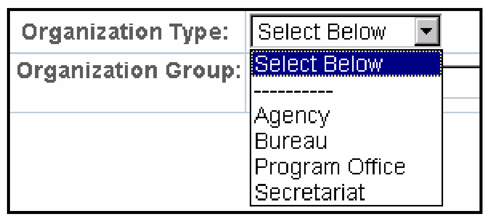
These are fields where policy and procedures dictate the necessity to populate the field . The system will allow these fields to remain empty.</td><td>
</td></tr>
<tr><td>Calendar Buttons

These buttons appear to the right of date fields. By clicking the calendar button the current month calendar opens. You can use your mouse to select days in the current month or navigate to other months or years by the drop down menus at the bottom.</td><td>
</td></tr>
</table>

Page Characteristics *(continued)*

The look and feel of EIM/ESM is intended to be user-friendly.

The following table contains page characteristics with a graphic sample.

Radio Buttons These buttons allow you to make a selection when the field limits you to only one choice. Radio buttons can be selected using the mouse or up/down and left right keys.	
Pick Lists These fields allow you to select a single choice from available options. Or you can type the first letter or number you are looking for and the system automatically directs you to the beginning letter or number you type in order.	

Chapter 4: Searching for a Client

Searching for Clients

To access client data you must first search for their record.

To see if a client is already in the system you must search, and match on all five data fields: first name, last name, DOB, gender and SSN. This helps avoid duplicate records.

You can use the search feature to locate records for review and enrollment.

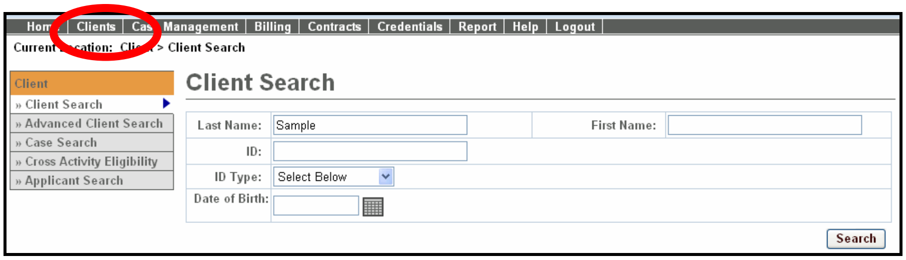
Access Client Search Page

First, log into *ESM*.

To access the **Client Search** page:

Click the **Clients** module.
*The **Client Search** page appears.*

Tip: The **Client Search** page is the default.



Tips:

- To add a client, enter both a first and last name.
- The unique identifier (ID) is an alpha code only.
- To search by the client's auto-generated unique identifier, use either the first or last name field.

Search Process

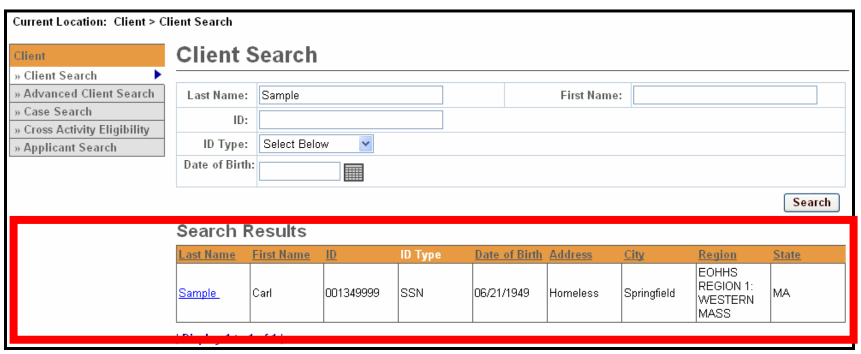
Begin at the **Client Search** page.

1. Enter search criteria.
   - You can search by partial criteria in either of the names fields (for example, **A** returns all names beginning with A)
   - You can use the **%** wild card for all fields except social security number. Using the wild card alone in a name field returns all records; however, the response time will be slower.
   - Available fields include:
     - First or last name
     - Date of birth
     - ID/ID Type

Tip: To narrow down search results, populate as many search criteria fields as possible.

2. Click **Search**

   The search results are listed below the search criteria.



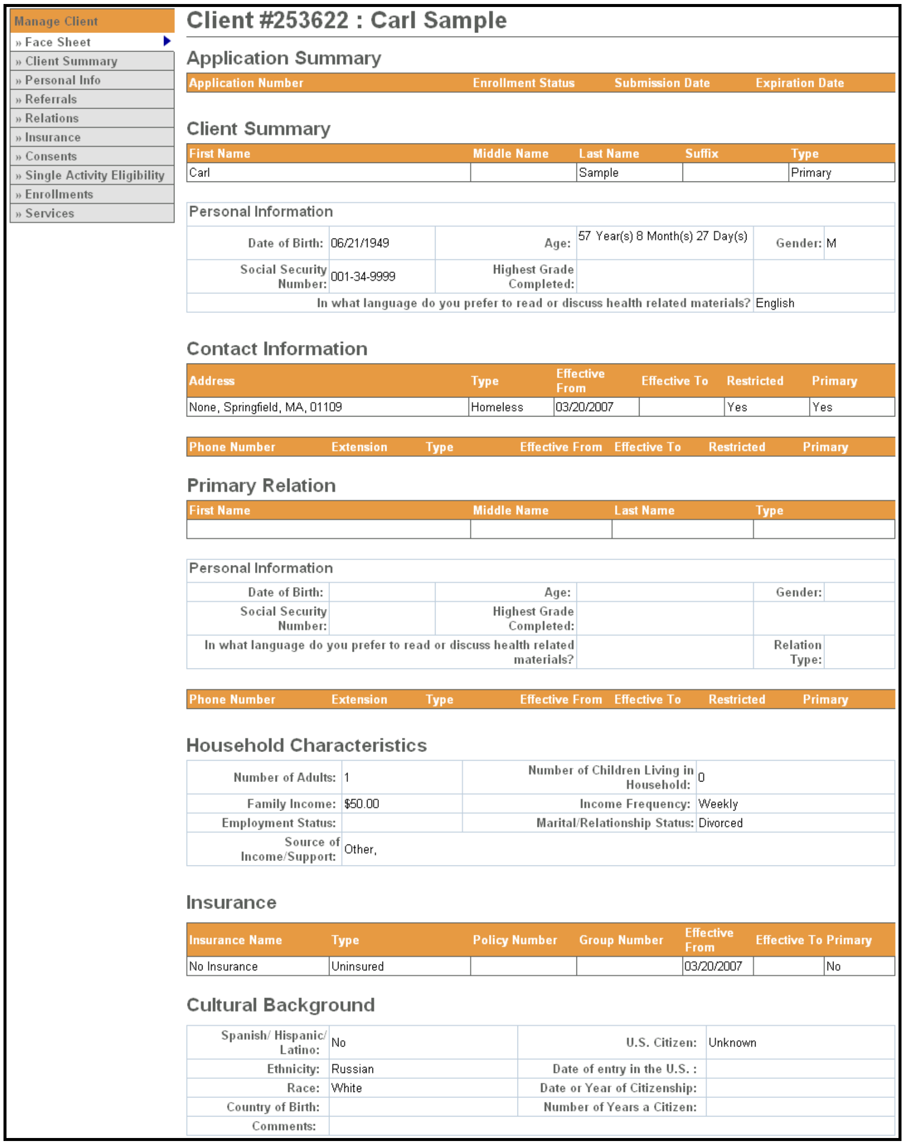
3. Select the linked field from the search results.

   *The **Face Sheet** page appears.*

Important: Review **Face Sheet** to check that required data fields are populated.

Face Sheet

The information displayed on the **Face Sheet** is collected during intake.



Manage Client
» Face Sheet
» Client Summary
» Personal Info
» Referrals
» Relations
» Insurance
» Consents
» Single Activity Eligibility
» Enrollments
» Services

Client #253622 : Carl Sample

Application Summary

Application Number	Enrollment Status	Submission Date	Expiration Date

Client Summary

First Name	Middle Name	Last Name	Suffix	Type
Carl		Sample		Primary

Personal Information

Date of Birth:	06/21/1949	Age:	57 Year(s) 8 Month(s) 27 Day(s)	Gender:	M
Social Security Number:	001-34-9999	Highest Grade Completed:			
In what language do you prefer to read or discuss health related materials?			English		

Contact Information

Address	Type	Effective From	Effective To	Restricted	Primary
None, Springfield, MA, 01109	Homeless	03/20/2007		Yes	Yes

Phone Number	Extension	Type	Effective From	Effective To	Restricted	Primary

Primary Relation

First Name	Middle Name	Last Name	Type

Personal Information

Date of Birth:		Age:		Gender:	
Social Security Number:		Highest Grade Completed:			
In what language do you prefer to read or discuss health related materials?				Relation Type:	

Phone Number	Extension	Type	Effective From	Effective To	Restricted	Primary

Household Characteristics

Number of Adults:	1	Number of Children Living in Household:	0
Family Income:	$50.00	Income Frequency:	Weekly
Employment Status:		Marital/Relationship Status:	Divorced
Source of Income/Support:	Other,		

Insurance

Insurance Name	Type	Policy Number	Group Number	Effective From	Effective To	Primary
No Insurance	Uninsured			03/20/2007		No

Cultural Background

Spanish/ Hispanic/ Latino:	No	U.S. Citizen:	Unknown
Ethnicity:	Russian	Date of entry in the U.S. :	
Race:	White	Date or Year of Citizenship:	
Country of Birth:		Number of Years a Citizen:	
Comments:			

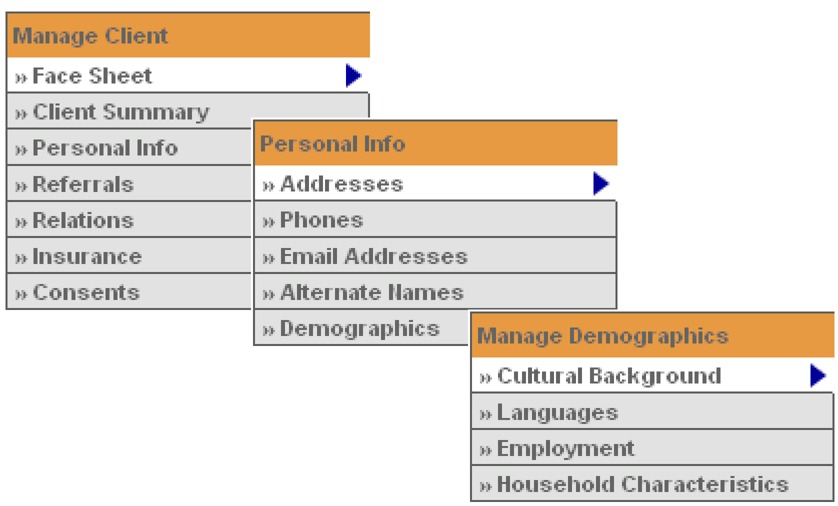
Tip: You cannot edit information directly within the **Face Sheet**; however, you can easily navigate to editable forms from this page by selecting the appropriate menu in the navigation bar on the left side.

Face Sheet Information

The **Face Sheet** is a summary of all client information available in the system.

It includes:

- client summary information
- personal information
    - contact information
    - demographic information
        - household characteristics
        - cultural background
        - employment
- referrals
- relations
- insurance information
- consents



Chapter 5: Intake

Client Information Overview

Your search results will contain all clients that have completed the client summary portion of the intake process:

- With an enrollment status that has not yet been determined
- With enrollments that has expired

When managing client information you can:

- Add new information for a client
- Update existing client information from the Face Sheet

If clients are being screened for the first time, then the intake worker would be collecting and entering all information needed to make an eligibility determination for the particular program the incoming client is applying for.

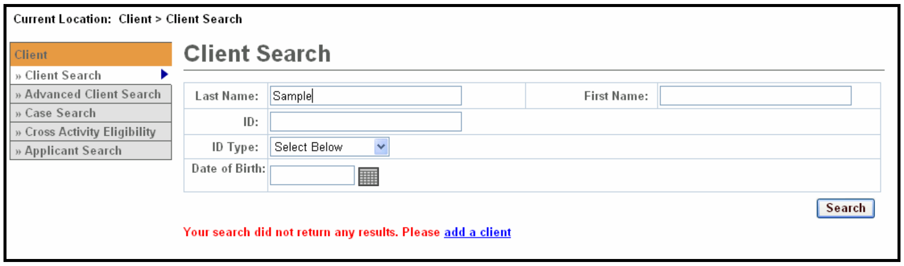
Additional Information

Important Note: When needed, users should refer to program-specific forms to determine required data needed to determine eligibility. See handout to review the program-specific form for required field information.

Adding a Client

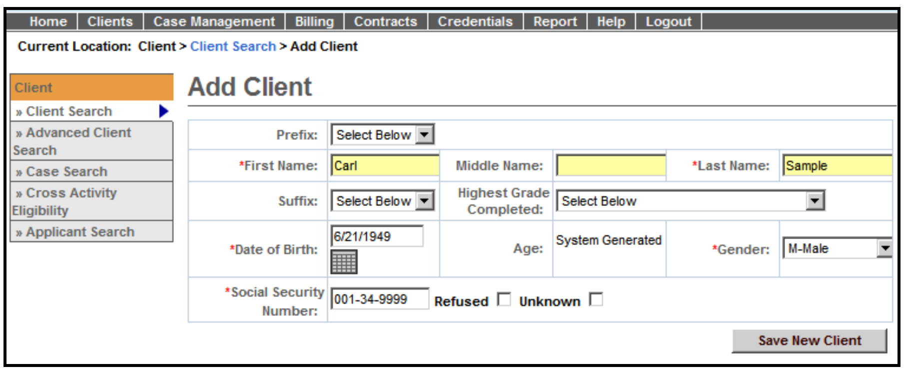
To add a client:

1. Access the **Client Search** page.
2. Search the system for the client you wish to add.



3. If the client isn't in the system, then click add a client link.

   *The **Add Client** page appears.*

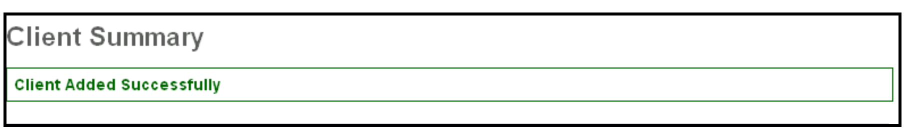


4. Enter required information.

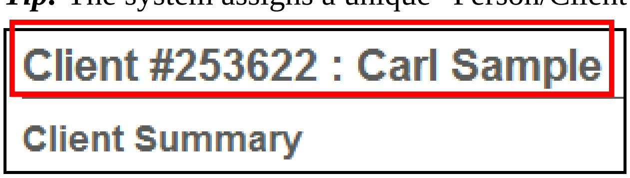
Note: See handout to review the program-specific intake form for required field information.

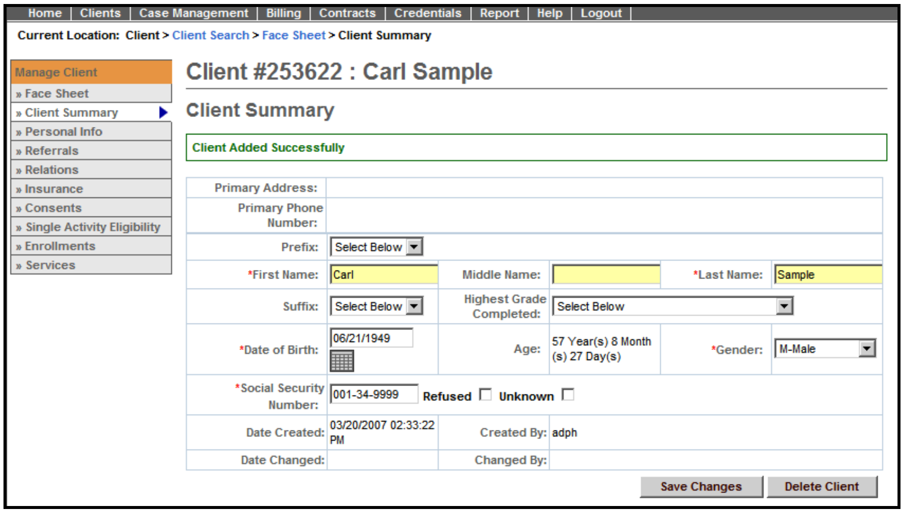
5. Click **Save New Client**.

   *The **Client Summary** page appears, with newly entered information.*



Tip: The system assigns a unique "Person/Client ID #".





You can update client summary information by clicking **Client Summary** from the navigation bar **Save Changes**, or **Delete Client**.

Note: You can update a client's information or delete a client from the system.

Adding Client Information

To add client information for the first time you may need to enter the following information for:

1. Personal Info including:
    a. Addresses
    b. Phones
2. Referrals
3. Relations
4. Insurance
5. Consents

Note: The above information can also be updated at any time once entered.

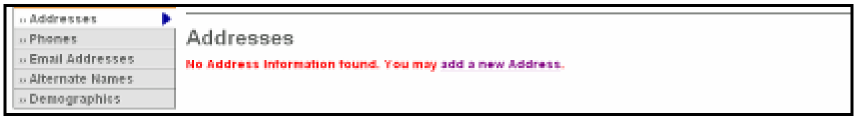
Personal Info

To add personal info:

1. Access the **Applicant Face Sheet Summary** page.
2. Select **Personal Info** from the navigation bar.

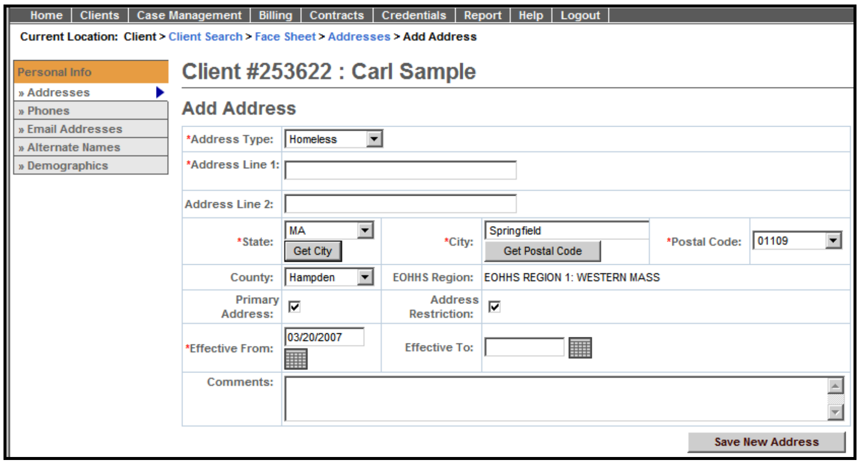
   *The **Addresses** page appears.*

Adding Address Information



3. Click the add a new Address link.

   The ***Add Address*** *page appears.*

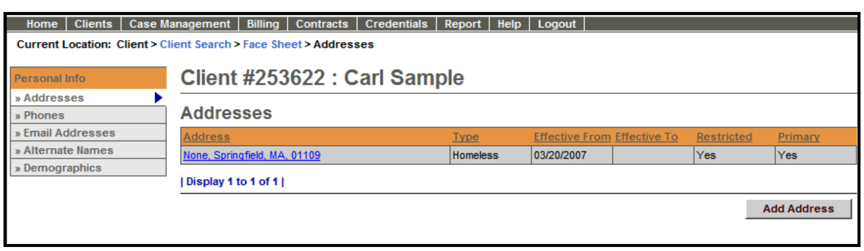


4. Enter required information.

Note: In order to be eligible to receive services from the Department of Public Health a client must have at least one Massachusetts residence. Even if the client is homeless, city state, and zip must be entered. Additionally the primary address box must be checked off for a Massachusetts residence. Logic is built into the system so that you don't need to enter an address if the client is homeless, even though it is a required field.

5. Click **Save New Address**.

   The ***Addresses*** *page reappears with the newly entered information.*

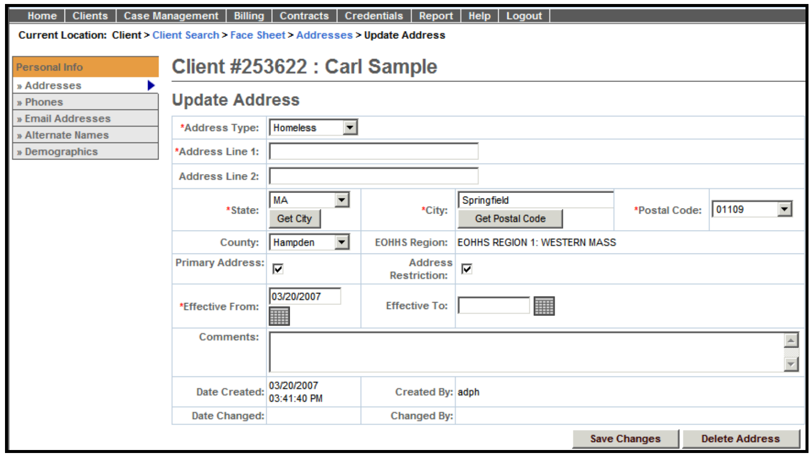


Updating Address Information

To update address information:

1. Click **Addresses** from the navigation bar under personal info.

   *The **Update Address** page appears.*



2. Edit required information.

Note: See handout to review the program-specific intake form for required field information.

3. Click **Save Changes**.

   *You are returned to the **Addresses** page.*

Tip: To remove the address entered, click **Delete Address**.

Adding Phone Information

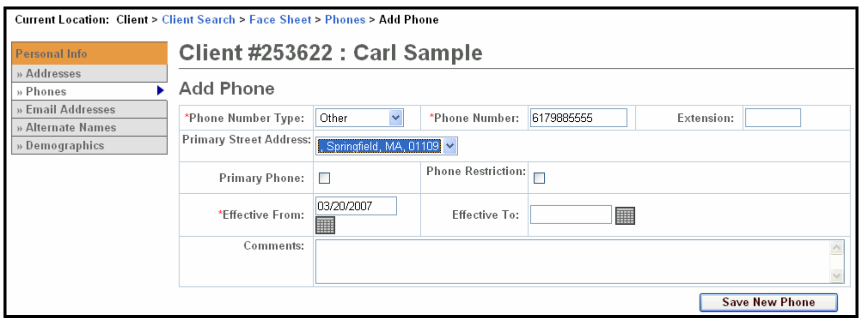
To add phone information:

1. Select **Phones** from the navigation bar.

   *The **Phones** page appears.*

2. Click the add phone link.

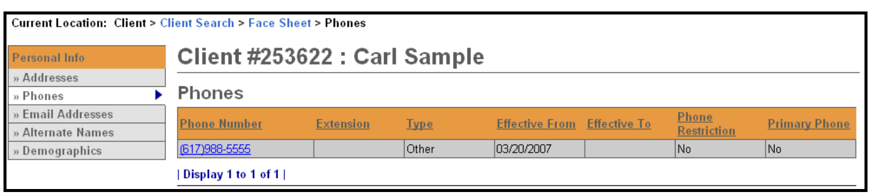
   *The **Add Phone** page appears.*



3. Enter required information.

4. Click **Save New Phone**.

   *The **Phones** page reappears with the newly entered information.*



Note: You can add and maintain multiple phone numbers (home, cell phone, etc.).

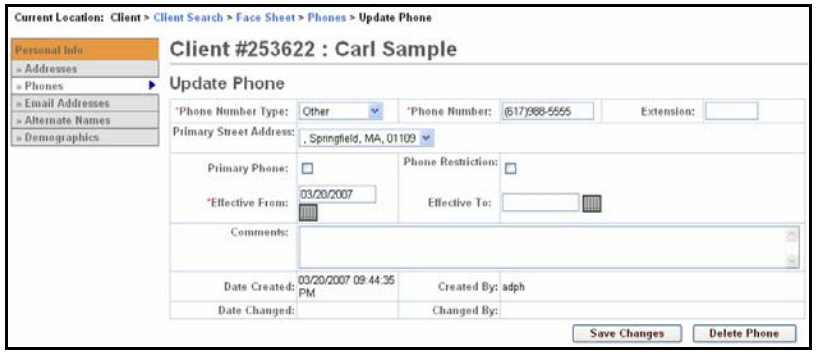
Tip: To add another phone number, click **Add Phone**.

Updating Phone Information

To update phone information:

1. Select **Phones** from the navigation bar and click the phone link in the table.

   *The **Update Phone** page appears.*



2. Edit required information.
3. Click Save Changes.

   *You are returned to the **Phones** page.*

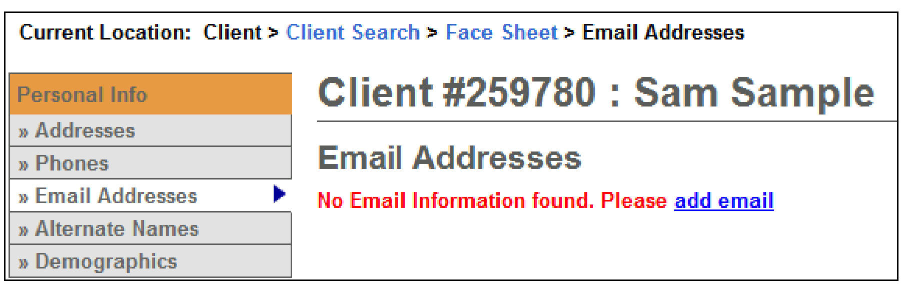
Tip: To remove the phone number entered, click Delete Phone.

Adding Email Address Information

To add email address information:

1. Select **Email Addresses** from the navigation bar.

   *The **Email Addresses** page appears.*

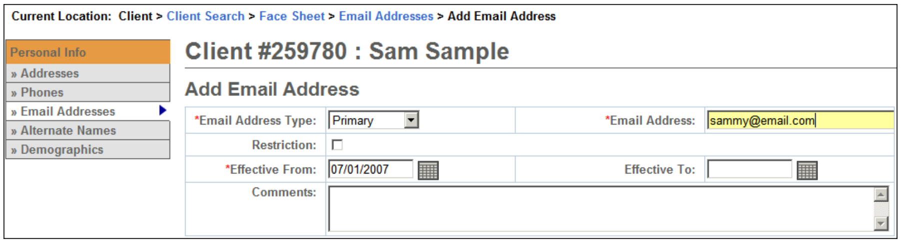


2. Click the add email link.

Adding Email Address Information

(continued)

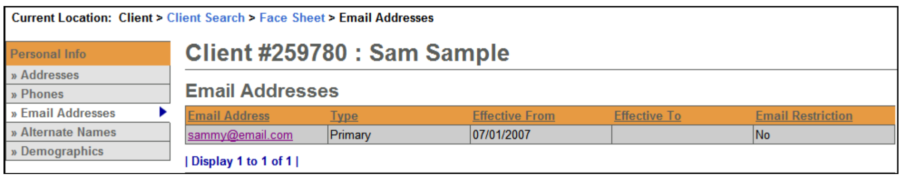
*The **Add Email Address** page appears.*



3. Enter required information.

4. Click **Save New Email Address**.

   *The **Email Addresses** page reappears with the newly entered information.*

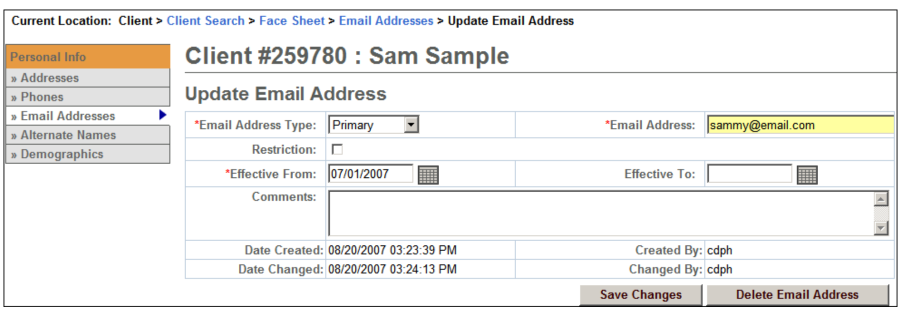


Updating Email Address Information

To update an email address:

1. Click **Email Addresses** from the navigation bar, and then click the email adress link from the table.

   *The **Update Email Address** page appears.*



2. Edit required information.

3. Click **Save Changes**.

   *You are returned to the **Email Addresses** page.*

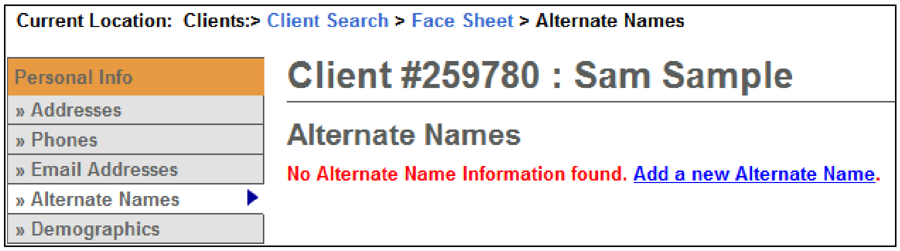
Tip: To remove the email address entered, click **Delete Email Address**.

Adding Alternate Name Information

To add alternate name information:

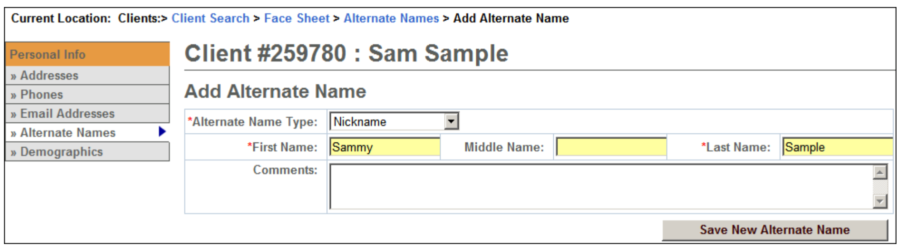
1. Select **Alternate Names** from the navigation bar.

   *The **Altername Names** page appears.*



2. Click the Add a new alternate Name link.

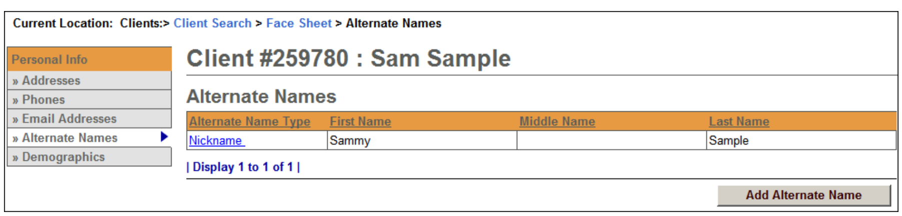
   *The Add **Alternate Name** page appears.*



3. Enter required information.

4. Click **Save New Alternate Name**.

   *The **Alternate Names** page reappears with the newly entered information.*

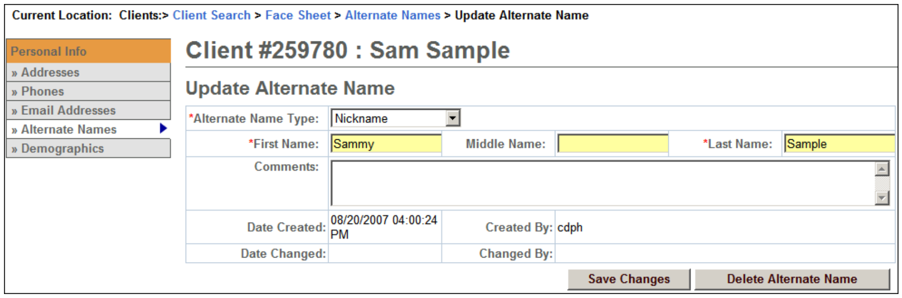


Updating Alternate Name Information

To update alternate name information:

1. Click the Alternate Name Type link.

   *The **Update Alternate Name** page appears.*



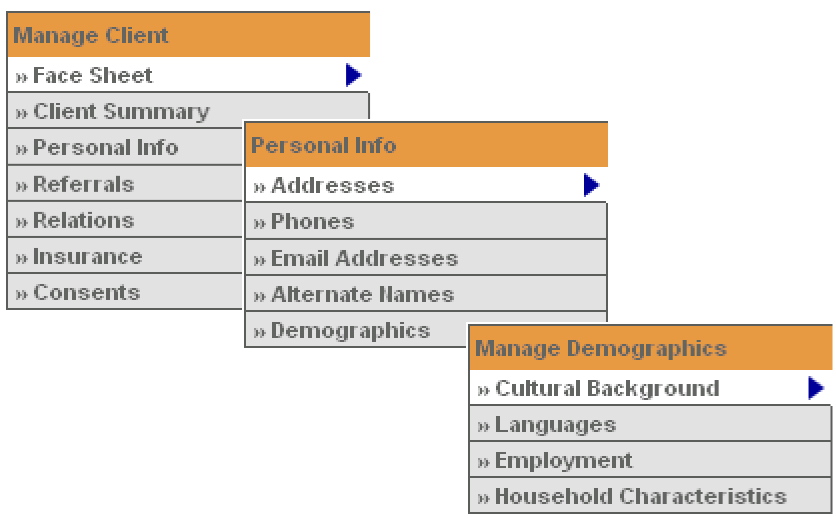
2. Enter required information.
3. Click Save Changes.

   *You are returned to the **Alternate Names** page.*

Tip: To remove the alternate name entered, click Delete Alternate Name.

Navigation Bar

Use this expanded navigation bar to direct you through adding and updating information.



Adding Cultural Background information

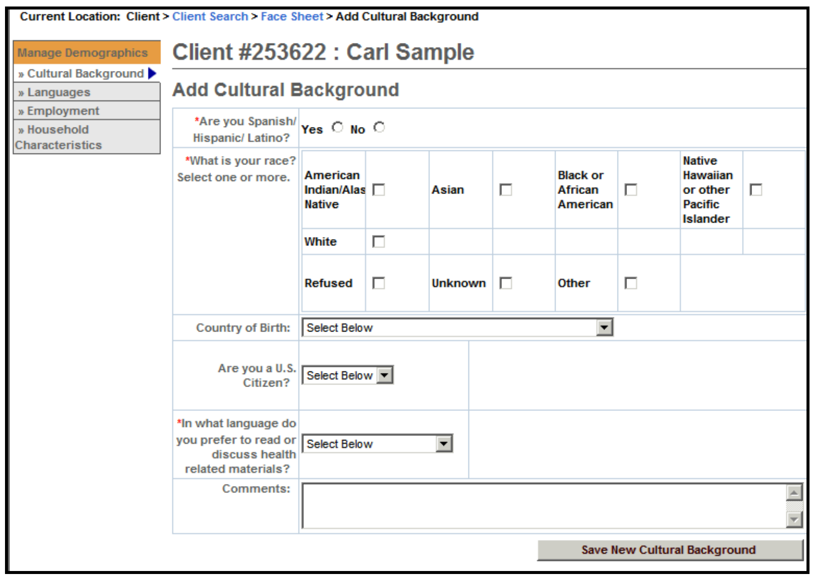
To add cultural background information.

1. Select **Demographics** from the navigation bar.

   ***Manage Demographics** navigation bar appears, with the **Cultural Background** page as the default.*

2. Click Add Cultural Background Information link.

*Add **Cultural Background** page appears.*



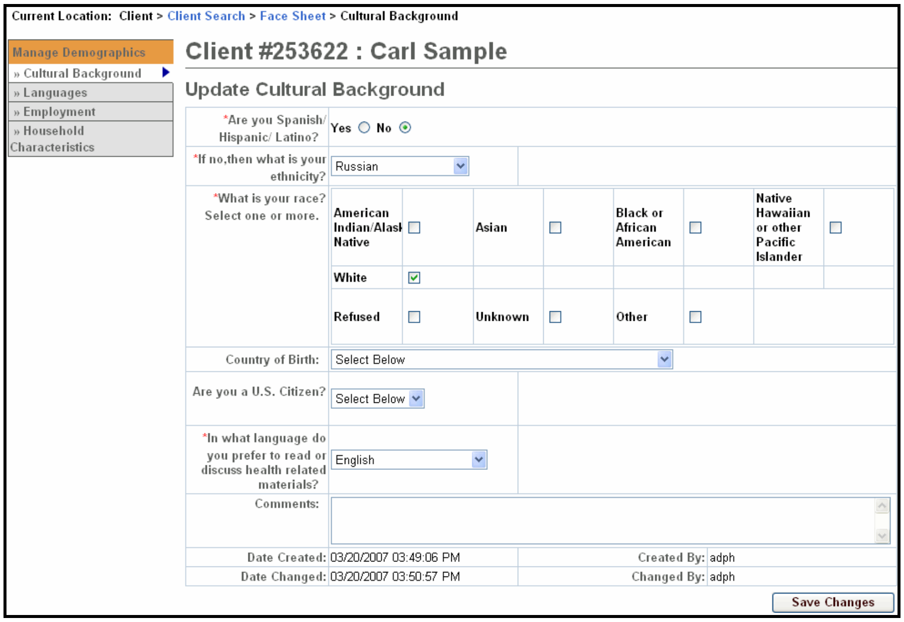
3. Enter required information.

Note: See handout to review the program-specific intake form for required field information.

4. Click **Save New Cultural Background**.

Updating Cultural Background Information

*The **Update Cultural Background** page appears with the newly entered information.*



To update cultural background information:

1. Edit required information.

Note: See handout to review the program-specific intake form for required field information.

2. Click **Save Changes**.

   A message displays, "Cultural Background Updated Successfully".

Tip: You *cannot* delete cultural background information.

Adding Languages

To add languages:

1. Select **Languages** from the navigation bar.

   *The **Languages** page appears.*

*The **Add Language** page appears.*

2. Enter the required information.

Note: See handout to review the program-specific intake form for required field information.

3. Click **Save New Language**.

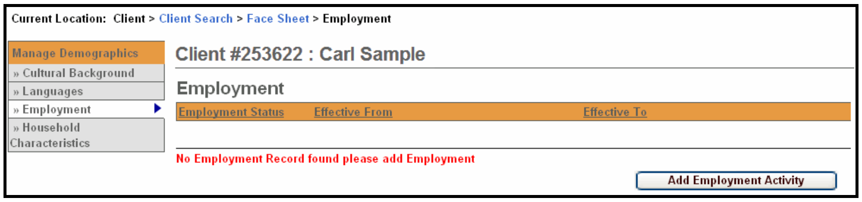
   *The **Language** page reappears with the newly entered information.*

Adding Employment

To add employment status:

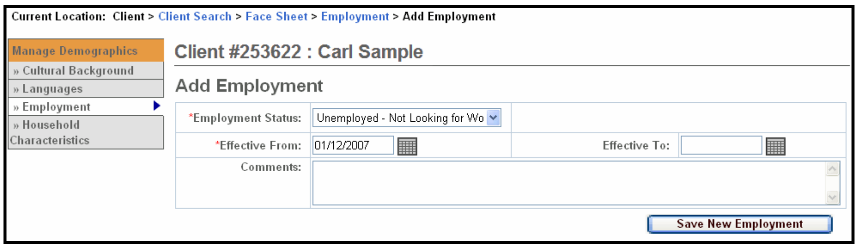
1. Select **Employment** from the navigation bar.

   *The **Employment page** appears.*



2. Click Add Employment Activity.

   *The **Add Employment page** appears.*

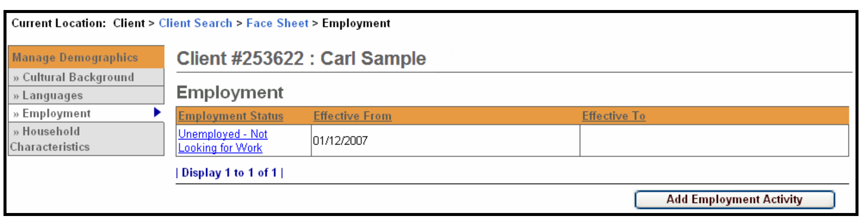


3. Enter required information.

Note: See handout to review the program-specific intake form for required field information.

4. Click Save New Employment.

   *The **Employment** page appears with the newly entered record.*



Adding Household Characteristics

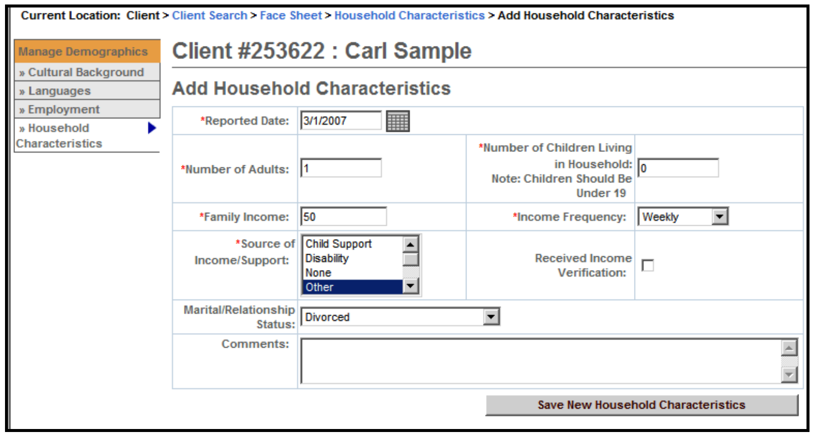
To add household characteristics:

1. Select **Household Characteristics** from the navigation bar.

   *The **Household Characteristics** page appears.*

2. Click Add Household Characteristics.

   *The **Add Household Characteristics** page appears.*

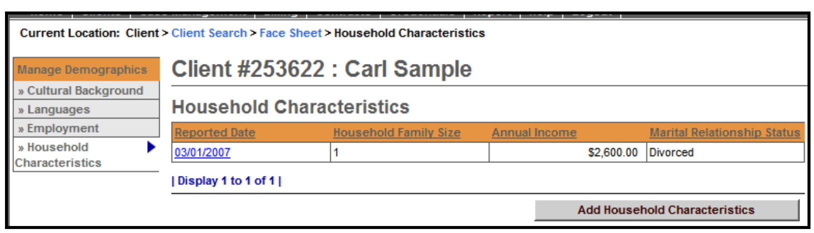


3. Enter required information.

Note: See handout to review the program-specific intake form for required field information.

4. Save New Household Characteristics.

   *The **Household Characteristics** page reappears with newly entered information.*



Adding Insurance Information

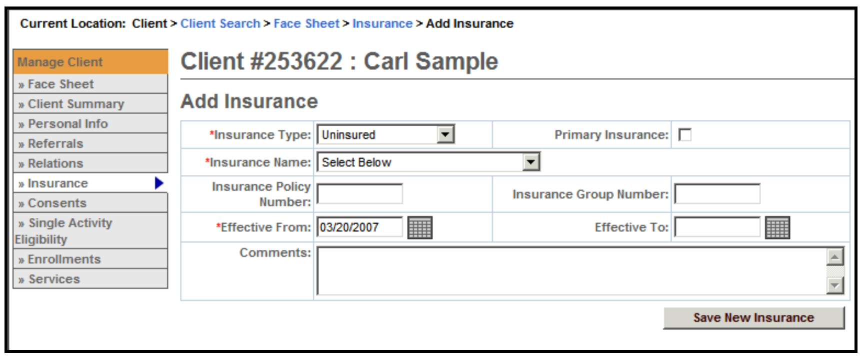
To add insurance information:

1. Return to the **Face Sheet**.
2. Select **Insurance** from the navigation bar.

   *The **Insurance** page appears.*

3. Click add Insurance link.

   *The **Add Insurance** page appears.*



3. Enter required information.

Note: See handout to review the program-specific intake form for required field information.

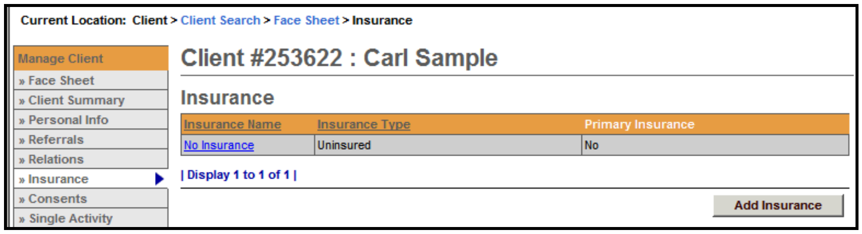
4. Click Save New Insurance.

Editing Insurance Information

To edit insurance information:

1. Select **Insurance** from the navigation bar.

   *The **Insurance** page appears.*



2. Click the Insurance Name link.

   *The **Edit Insurance** page appears.*

3. Edit required information.

Note: See handout to review the program-specific intake form for required field information.

4. Click **Save Changes**.

   *The **Insurance** page reappears with the newly entered information.*

What is a Consent?

A consent in EIM/ESM differs from the “Consent to Serve” or “Consent to Share Data” that are used.

In EIM/ESM a consent allows you to share client demographic or service information with another provider.

Important: Consents are used to facilitate client referrals.

Adding Consents

If required, follow these steps to add a consent:

1. Select **Consents** from the navigation bar.

   *The **Add Consent** page appears.*

2. Enter required information.

3. Click **Save New Consent**.

   *The **Consents** page reappears with the newly entered data.*

Note: *See Consent Job Aid for more detailed information.*

Updating Consents

If required, follow these steps to update a consent:

1. Select **Consents** from the navigation bar.

   *The **Consents** page appears.*

2. Click the Consenting Person link.

   *The **Update Consent** page appears.*

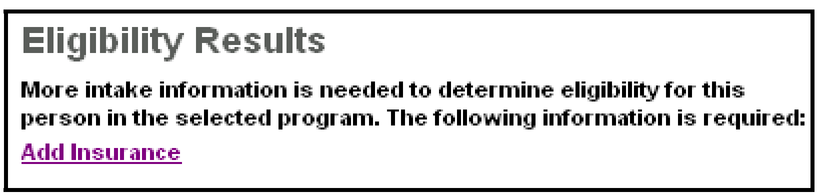
3. Edit required information.

4. Click Save Changes.

Adding and Updating Client Information

When the system is unable to determine eligibility because of missing information, it provides links to the forms where information can be entered.

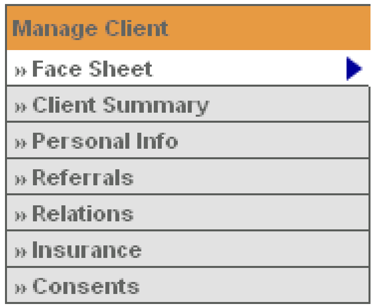
Often, incoming clients do not present with all information needed for eligibility determination and enrollment. If required information (demographic data collection) is missing, the system notifies the provider and supplies links to screens where the required information can be entered. Once the information is entered, the provider screens for eligibility again.



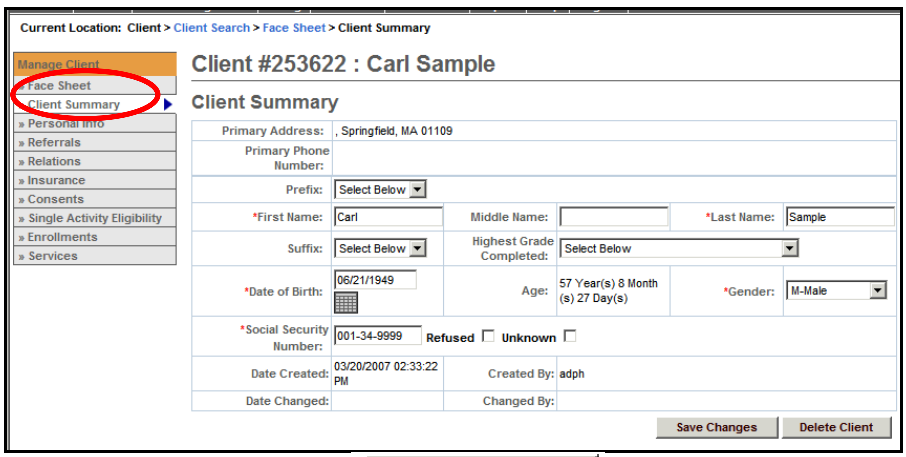
Editing Client Information From the Face Sheet

Information can also be added and edited from the **Face Sheet**.

When the **Face Sheet** is displayed, the navigation bar provides categories that link to forms where information can be edited.

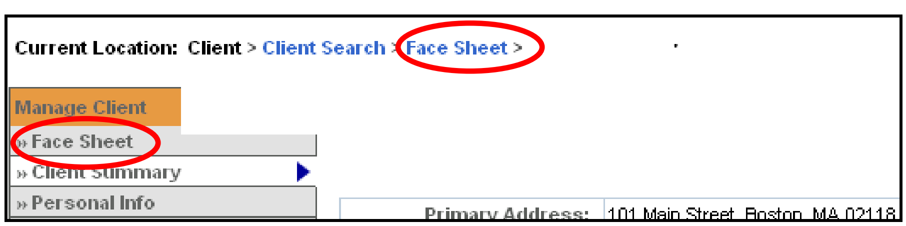


Note: Personal Information and Referrals lead to sub-menus. When you click a category from the navigation bar, a form appears. When you select Personal Info, you can access demographic and household information.



Add information, and click .

Tip: Click **Face Sheet** in the breadcrumbs or from the navigation bar to return to the Face Sheet page, where you can screen for eligibility or edit other information.



Editing Client Information From the Face Sheet

(continued)

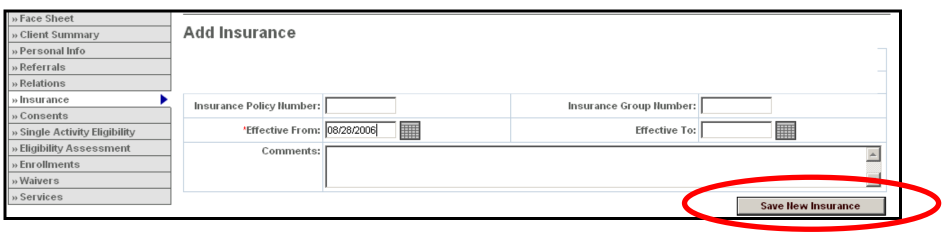
In ESM, an applicant may have multiple addresses, phone numbers, types of insurance, referrals, relations, etc., on record. Use the following process to add an information set:

1. Select the information category.
2. Click **Add** (Item). (item may be insurance, address, referral, etc.)

3. Complete required fields on page.

Note: Required fields are marked with a red asterisk.

4. Click **Save** (Item). (item may be insurance, address, referral, etc.)



Tip: Click Face Sheet in the breadcrumbs or from the navigation bar to return to the applicant's **Face Sheet**.

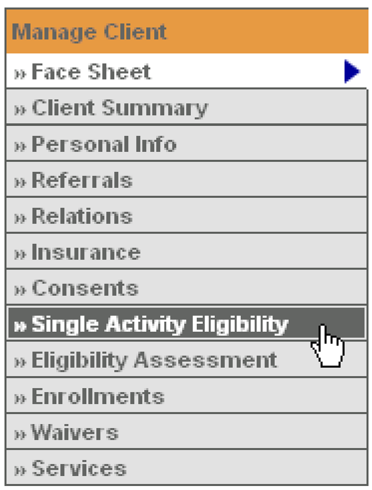
Chapter 6: Enrolling a Client into a Program starts with Eligibility

Eligibility Overview

Before enrolling, the client must be determined eligible for the selected activity.

During this process, ESM compares the client's data to the eligibility rules of the activity and makes a determination.

Currently, you must use the Single Activity Eligibility feature to screen for one program at a time. In future releases, a feature will be added that allows providers to screen for multiple programs at once.



You can begin the screening process by selecting **Single Activity Eligibility** from the navigation bar.

Additional Information

Important Note: When needed, users should refer to program-specific forms. See handout to review the program-specific form for required field information.

The Eligibility Assessment

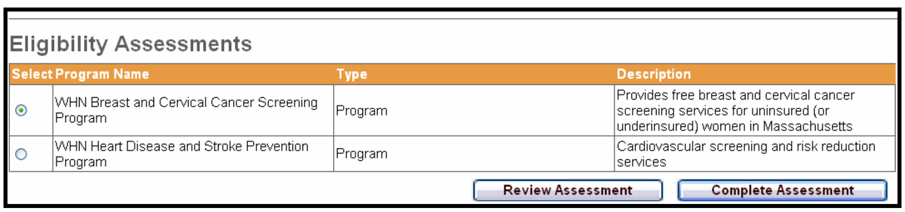
Some programs will require you to complete an Eligibility Assessment before determining Single Activity Eligibility for the selected activity (program). If you are unsure contact your DPH program

The eligibility assessment asks additional questions that are program-specific. You must complete the assessment before an eligibility determination can be made. If the assessment is incomplete, the system will require you to return to the initial assessment page to start from the beginning.

Completing an Eligibility Assessment

To complete an eligibility assessment:

1. Access the applicant's **Face Sheet**.
2. Select **Eligibility Assessment** from the navigation bar.
3. Select Program Name.
4. Click Complete Assessment.



Eligibility Assessments

Select	Program Name	Type	Description
◉	WHN Breast and Cervical Cancer Screening Program	Program	Provides free breast and cervical cancer screening services for uninsured (or underinsured) women in Massachusetts
○	WHN Heart Disease and Stroke Prevention Program	Program	Cardiovascular screening and risk reduction services

Review Assessment Complete Assessment

Program specific questions appear.

Note: You should back date according to program policy.

5. Enter required field information.
6. Click Next page to answer additional questions.

Note: Consents with wet signatures are still needed.

7. Click Submit once the assessment is complete.

   *The **Eligibility Assessment** page appears with a message, "The Assessment has been completed successfully!"*

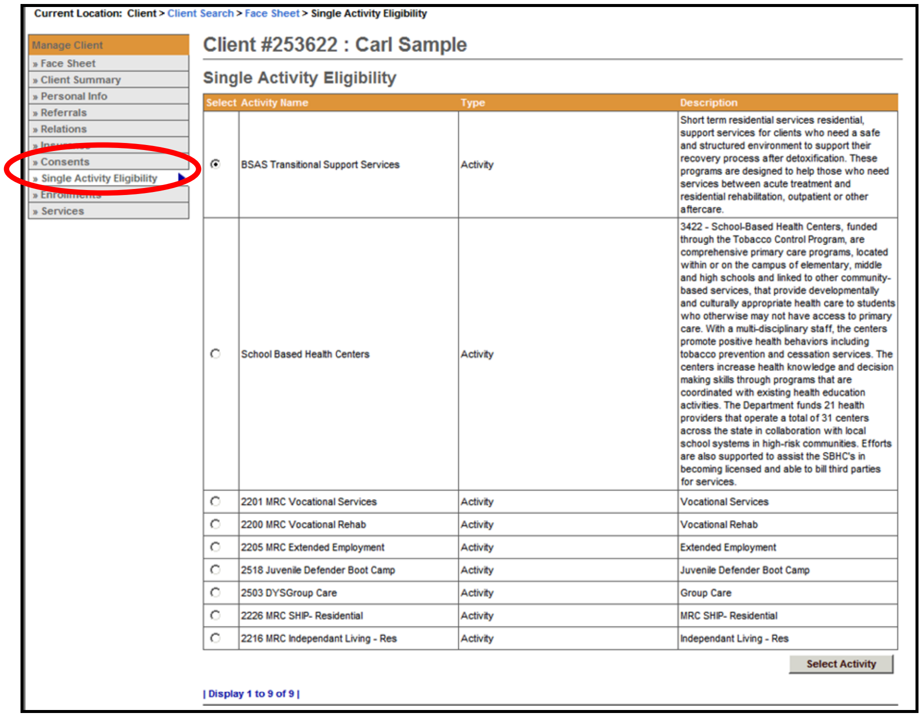
Note: The assessment is required and eligibility cannot be determined without it.

Determining Single Activity Eligibility

Note: The enrollment process begins by determining single activity eligibility and occurs after you add a client.

To access the **Single Activity Eligibility** page:

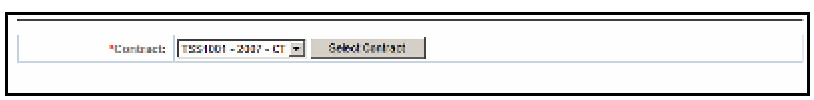
1. Access the applicant's **Face Sheet**.
2. Select **Single Activity Eligibility** from the navigation bar.
   *The **Single Activity Eligibility** page appears.*



Select	Activity Name	Type	Description
◉	BSAS Transitional Support Services	Activity	Short term residential services residential, support services for clients who need a safe and structured environment to support their recovery process after detoxification. These programs are designed to help those who need services between acute treatment and residential rehabilitation, outpatient or other aftercare.
○	School Based Health Centers	Activity	3422 - School-Based Health Centers, funded through the Tobacco Control Program, are comprehensive primary care programs, located within or on the campus of elementary, middle and high schools and linked to other community-based services, that provide developmentally and culturally appropriate health care to students who otherwise may not have access to primary care. With a multi-disciplinary staff, the centers promote positive health behaviors including tobacco prevention and cessation services. The centers increase health knowledge and decision making skills through programs that are coordinated with existing health education activities. The Department funds 21 health providers that operate a total of 31 centers across the state in collaboration with local school systems in high-risk communities. Efforts are also supported to assist the SBHC's in becoming licensed and able to bill third parties for services.
○	2201 MRC Vocational Services	Activity	Vocational Services
○	2200 MRC Vocational Rehab	Activity	Vocational Rehab
○	2205 MRC Extended Employment	Activity	Extended Employment
○	2518 Juvenile Defender Boot Camp	Activity	Juvenile Defender Boot Camp
○	2503 DYSGroup Care	Activity	Group Care
○	2226 MRC SHIP- Residential	Activity	MRC SHIP- Residential
○	2216 MRC Independant Living - Res	Activity	Independant Living - Res

3. Select Activity Name  .
4. Click **Select Activity**.

   The page expands.

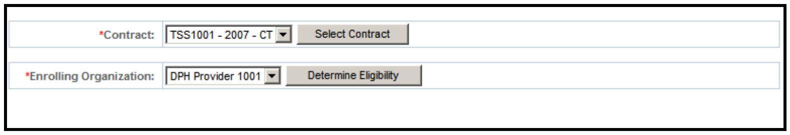


5. Select a Contract from the pick list.
6. Click **Select Contract**.

Determining Single Activity Eligibility

(continued)

The page expands.

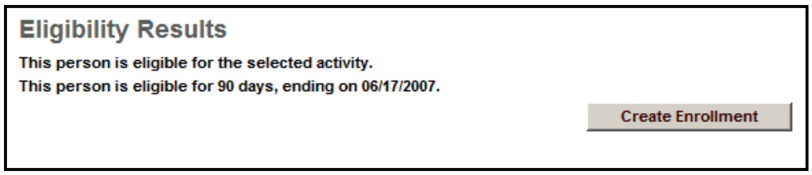


7. Select Enrolling Organization from the pick list.

8. Click 

.

   The page reappears with Eligibility Results.



Note: This is how you determine eligibility for enrollment.

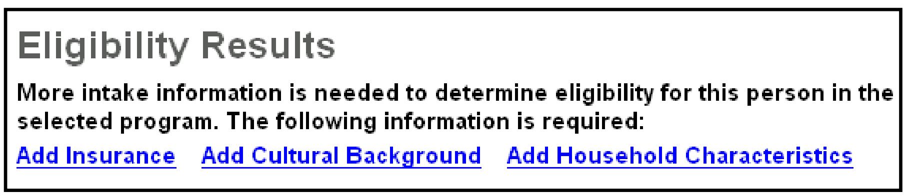
Results of Eligibility Screening

There are three possible results of eligibility screening:

1. The applicant is determined to be eligible. Click **Create Enrollment** to enroll the applicant.
2. If the applicant is determined to be ineligible. A message appears stating the reason for ineligibility. You may click **Request Waiver** to apply for a waiver. See *Requesting a Waiver* module for detailed information on waivers.

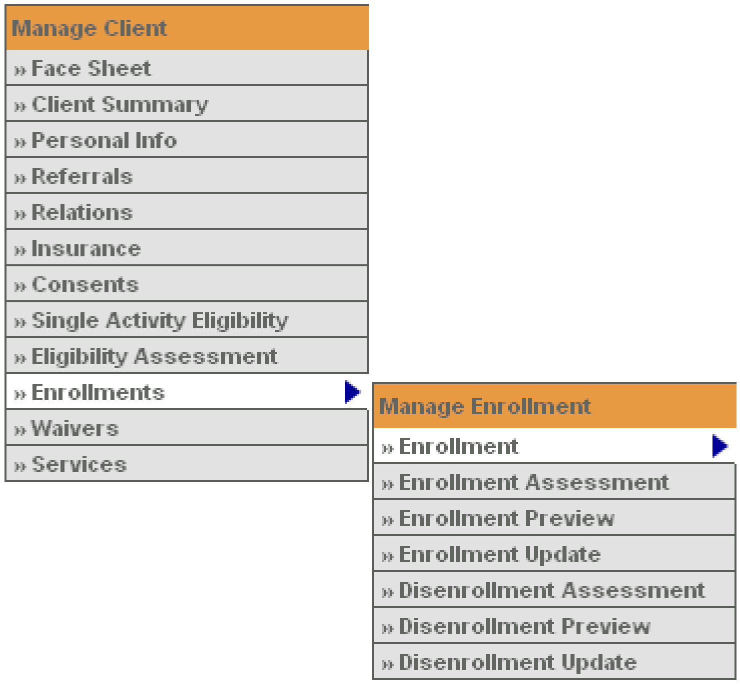
Note: This option may not be available if waivers are not applicable to the program.

3. Additional information is needed to make a determination. In this case, the system provides links to forms where information can be entered. See *Intake* module for more details. Take note if multiple links appear for eligibility results. Once, you have selected one of these links this page will not reappear. Use the left navigation bar to assess the pages needed to complete missing information that is required.



Managing the Enrollment Process

Here's a sample of the left navigation bar expanded showing the links available to manage the enrollment process.

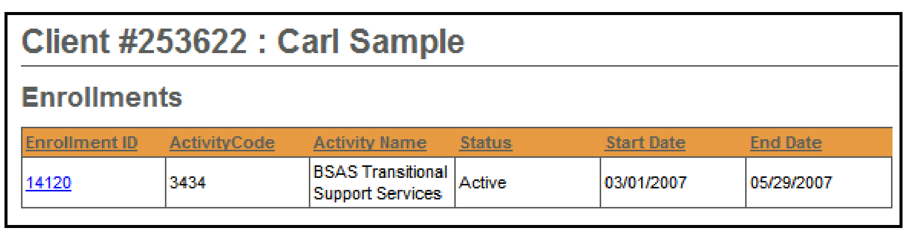


Accessing the Enrollments Page

Tip: This is a useful way to access and verify enrollment.

To view enrollments:

1. Access the **Face Sheet** page.
2. Click the Enrollments link from the navigation bar.
   *The **Enrollments** page appears.*



Client #253622 : Carl Sample

Enrollments

Enrollment ID	ActivityCode	Activity Name	Status	Start Date	End Date
14120	3434	BSAS Transitional Support Services	Active	03/01/2007	05/29/2007

Note: A client may have multiple enrollments for a program, but only one can be **active**.

The Enrollment Assessment

The enrollment assessment asks additional questions that are applicant-specific. You must complete the assessment to complete the enrollment process.

Note: See handout to review the program-specific enrollment form for required field information and associated code sheet as needed.

Completing an Enrollment Assessment

A message will direct you to complete the required enrollment assessment.

To complete an enrollment assessment:

1. Click the complete enrollment assessment link from bottom right of page.

   *The **Enrollment Assessment** page appears.*

2. Enter required field information.

3. Click Next page.

   Additional enrollment assessment questions appear.

4. Enter required field information.

   The enrollment assessment is complete.

5. Click Submit.

   The Enrollment Assessment page appears with a message, "The assessment has been completed successfully."

Notes:

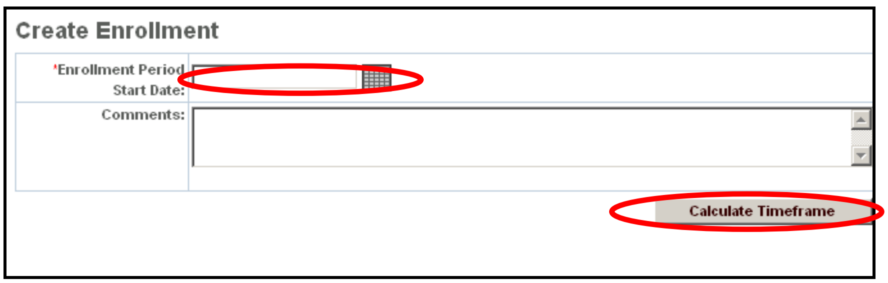
- After the enrollment process is completed, the applicant now becomes an active client.
- If the assessment is incomplete, the system will require you to return to the initial assessment page to start from the beginning.

Creating an Enrollment

Note: The applicant must be screened through the Single Activity Eligibility process before he or she can be enrolled.

Tip: You can add an enrollment from the Single Activity Eligibility page or select **Enrollment** from the navigation bar.

1. Access the **Single Activity Eligibility** page and determine eligibility.
2. Click Create Enrollment.
   The Create Enrollment page appears.



3. Enter **Enrollment Period Start Date**. This date must be within the last **365** days.

Note: There is a time period rule associated with individual programs (ranging from seven days to two years).

4. Click Calculate Timeframe.
   *The **Enrollment Confirmation** block appears.*
5. Click Confirm Enrollment.

   *The **Update Enrollment** page appears with a message, "Enrollment Added Successfully!!!"*

Optional: Add comments and click Save Changes.

To update the enrollment, edit required information and click Save Changes.

Important Note: Clients may only have one active enrollment per program.

Updating an Enrollment Start Date

If a user was enrolled in a program with the incorrect date, this field is editable from the **Update Enrollment** page.

To update an enrollment date:

1. Access the **Enrollments** page.
2. Click the link for the enrollment you wish to edit.

   *The **Update Enrollment** page appears.*
3. Enter the correct Enrollment Start date and click Save Changes.

   *The **Update Enrollment** page appears.*

Notes:

Chapter 7: Adding Services (as needed)

Important Note: Each program policy will determine whether services need to be added, which is based on the contract type, program, program-business requirements, and system functionality.

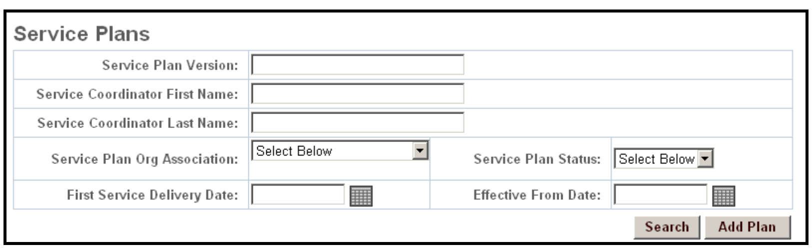
To record services, users must be in a specific service plan for a specific client. To begin recording services, a client's service plan must first be found or created if one does not exist.

All services entered will be professional services.

Adding Service Plans

To add a service plan:

5. Access the **Clients** page.
   *The **Client Search** page appears.*
6. Enter search criteria.
7. Click **Search**.
   The Search Results appear below the search criteria.
8. Click the Client link.
   *The **Applicant Face Sheet Summary** page appears.*
9. Click **Services** from the navigation bar.
   *The **Service Plans** page appears.*



10. Click **Add Plan**.
    *The **Add Service Plan** page appears.*

Note: Search from this page to determine whether a service plan exists for the client.

Adding Service Plans

(continued)

11. Enter plan details, making sure to populate all required fields.

Notes:

- The **Effective From** and **Effective To** date fields are very important. The system verifies that all tasks, services or notes associated with the service plan fall within the effective dates.

- The system does not allow two active service plans of the same type to exist for an individual client.

12. Click **Save New Service Plan**.
*The **Service Plan Summary** page appears.*

Tip: If a plan was created in error, it can be deleted from this page (assuming all plan contents have been deleted or have an **Error** status).

Service Delivery Data Tips: ACRU

There are four key steps to entering service :

1. **A**dd professional service
2. **C**omplete screening assessment, as required
3. **R**eport results or diagnosis as needed
4. **U**pdate service status

A service plan is now prepared to be billed.

Important Note: Refer to the Client Data Entry Transaction Job Aid for program-specific requirements.

Adding Professional Services

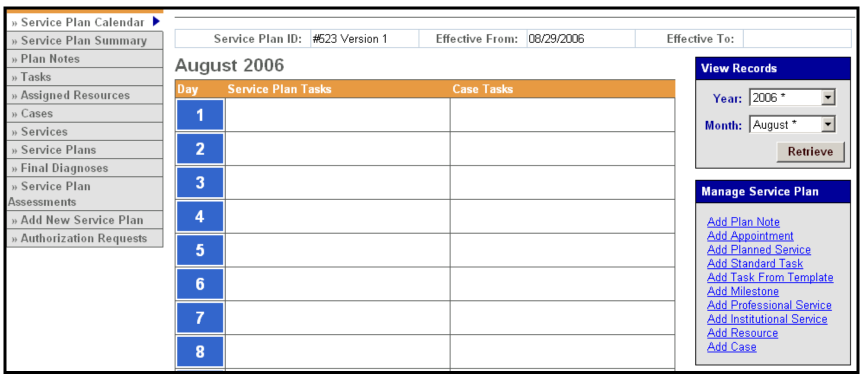
Once you have created a service plan, now you can add a professional service:

To add a professional service:

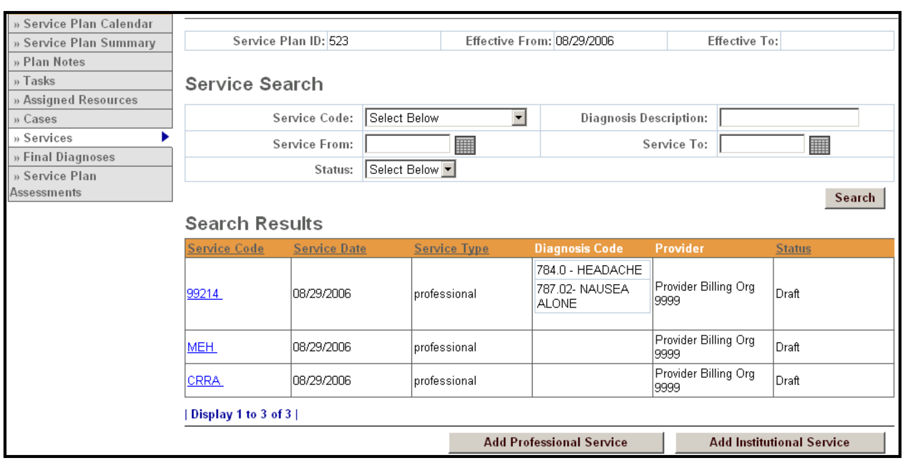
1. Access the **Face Sheet** page.
2. Select **Services** from the navigation bar.

   *The **Service Plan Calendar** page appears.*

3. Select **Services** from the navigation bar.



*The **Service Search** page appears.*

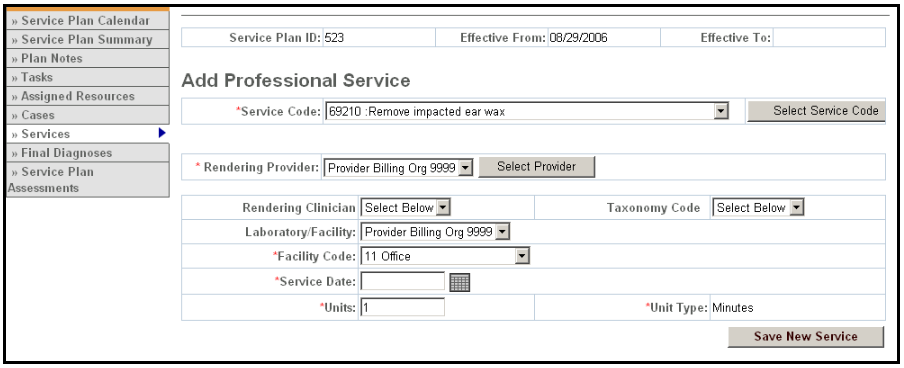


4. Click .

Adding Professional Services

(continued)

*The **Add Services** page appears.*



Tip: The Add Professional Service link may also be accessed from the **Service Plan Calendar** view.

5. Select a **Service Code** from the drop down box.

Tip: If you know the service code, press the Esc key then type the service code in the pick list field.

6. Click Select Service Code.

   Additional data entry fields appear.

7. Select a **Rendering Provider** from the drop down box.

8. Click Select Provider.
   Additional data fields appear.

9. Enter service details, making sure to populate all required fields that are indicated by a red asterisk.

10. Click Save New Service.
    *The **Service Summary** page appears with a message stating that the record has been successfully saved.*

Completing a Screening Assessment

Important Note: Each program policy will determine whether services need to be added, which is based on the contract type, program, program-business requirements, and system functionality.

A Screening Assessment may be completed in conjunction with adding a Professional Service. If the assessment is incomplete, the system will require you to return to the initial assessment page to start from the beginning.

Note: Complete Screening Assessment, required only for office visit, level of service and Comprehensive Risk and Resiliency Assessment.

To complete a screening assessment:

1. Access the **Service Summary** page.
2. Select **Screening Assessment** from the navigation bar.

*The **Screening Assessment** page appears.*

3. Click the radio button next to your program-specific assessment.
4. Click Complete Assessment.

*An additional **Screening Assessment** page appears.*

5. Click Next page.

*A **Screening Assessment** page appears stating the assessment is complete.*

6. Click Submit.

*The **Assessments** page appears with a message, "The assessment has been completed successfully".*

Adding an ICD-9 Diagnostic Code

To add an ICD – 9 Diagnostic:

1. Access the **Service Summary** page.
2. Click Add Diagnosis.

   *The **Diagnosis Search** page appears.*
3. Enter **ICD-9 Code** in textbox.

Tip: If your search results do not generate the expected results, use a % before a partial ICD-9 Code.

4. Click Search.

   The search results appear below service search.
5. Select the **Diagnosis Code** by clicking the radio button from the search results.
6. Click Save Diagnosis.

   *The **Service Summary** page appears with the Diagnosis Code displayed.*
7. Update Status to **Reported**.
8. Click Save Changes.

   The record has been saved.

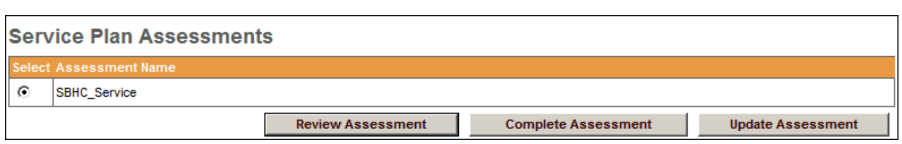
Completing a Service Plan Assessment

Important Note: Each program policy will determine whether services need to be added, which is based on the contract type, program, program-business requirements, and system functionality.

To complete a service plan assessment:

1. Access the **Service Plan Calendar** page.
2. Select **Service Plan Assessments** from the navigation bar.

   *The **Service Plan Assessment** page appears.*



Completing a Service Plan Assessment

(continued)

3. **Complete Assessment**.

   *The **Service Plan Assessment** form appears.*

4. Complete assessment.

5. Click **Submit**.

   *The **Service Plan Assessment** page reappears with the assessment completed successfully.*

6. Update service status as required.

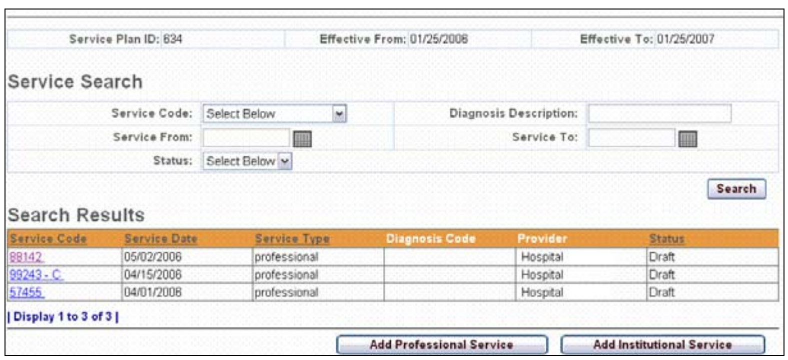
Recording Service Results

Users can associate service results with certain services provided to clients.

To record service results:

1. Access the **Services** page.

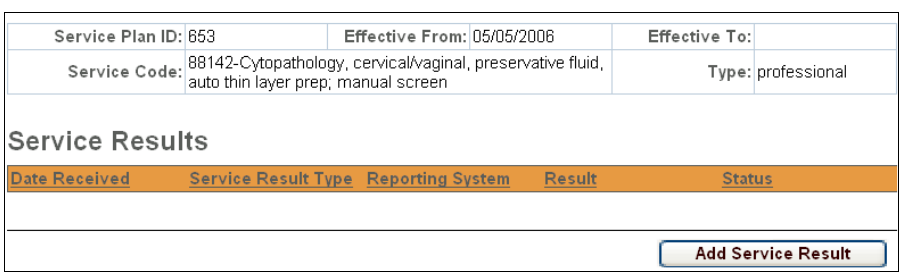
2. Select a Service Code link from the search results.



   *The **Service Summary** page appears.*

3. Click **Service Results** from the navigation bar.

   *The **Service Results** page appears.*

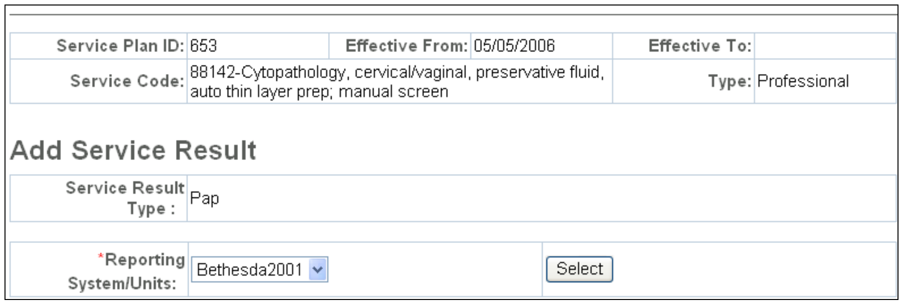


4. Click **Add Service Result**.

Recording Service Results

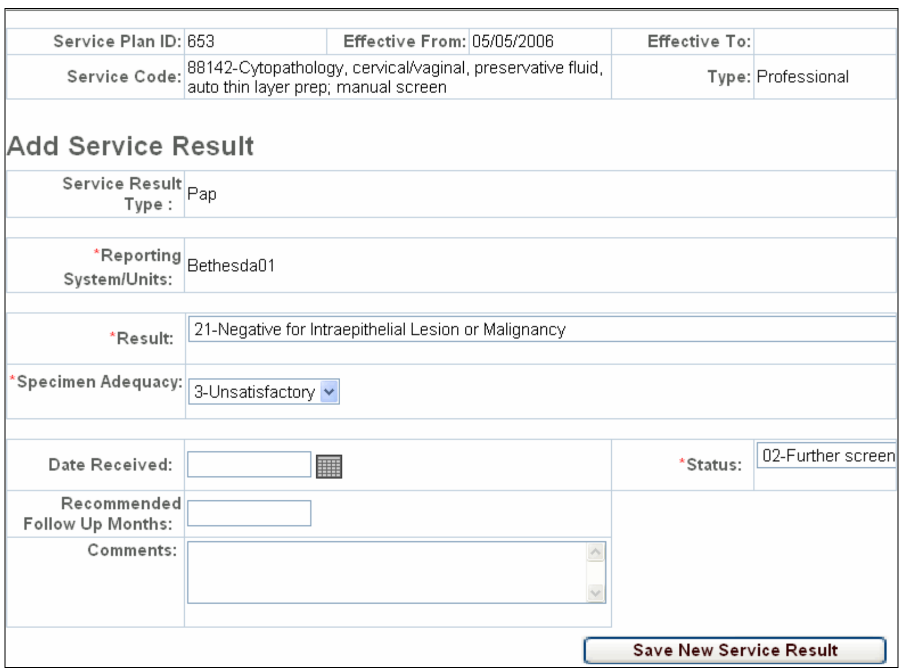
(continued)

*The **Add Service Result** page appears.*



5. Select **Reporting System/Units**
6. Click Select.

   *The **Add Service Result** page appears.*



7. Enter service result details, populate all required fields.
8. Click Save New Service Result.

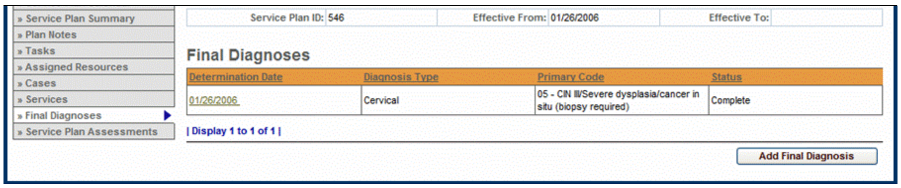
   *The **Service Results** page appears displaying the new entry.*

Completing a Final Diagnostic Assessment

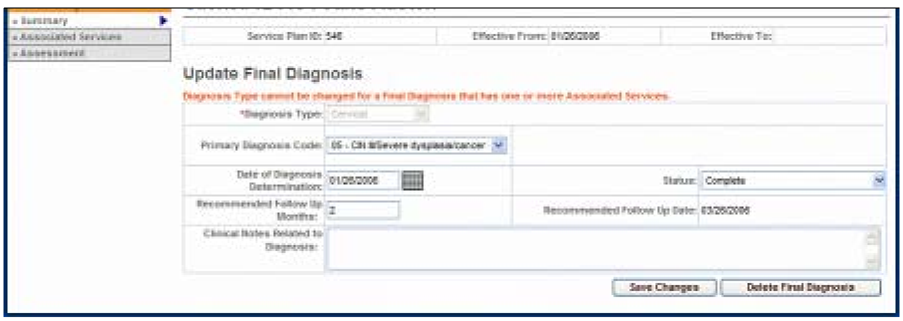
For some programs, such as Women's Health Network, you may be required to complete a Final Diagnosis Assessment. This assessment needs to be completed at the close of a diagnostic work-up.

To complete a final diagnostic assessment:

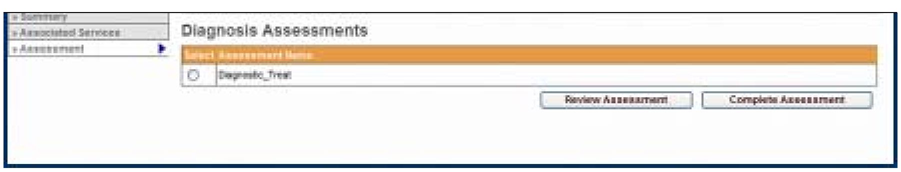
1. Access the **Add Associated Service** page.
2. Click **Final Diagnosis** from the navigation bar.
   *The **Final Diagnosis** page appears.*



3. Click the Determination Date link.
   *The **Update Final Diagnosis** page appears.*



4. Click **Assessment** from the navigation bar.
   *The **Diagnosis Assessments** page appears.*

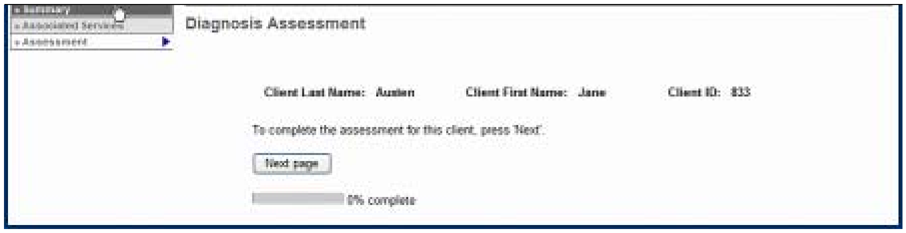


5. Click .

Completing a Final Diagnostic Assessment

(continued)

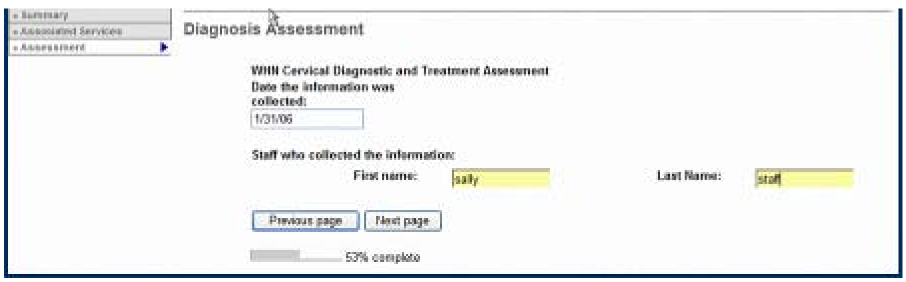
*The **Diagnosis Assessment** page appears and the diagnosis assessment begins.*



Tip: Notice the **% Complete** bar at the bottom of the page. Once started, work must be completed. A partially completed assessment cannot be saved.

6. Click Next page.

   *The **Diagnosis Assessment** is continued.*



7. Enter information in the **Date the information was collected** and the **Staff who collected the information** fields.

   A series of pages appear for completion. The pages that appear depend on the values entered on previous pages.

8. Enter information to complete the questions regarding the client's particular circumstances.

9. Click Submit.

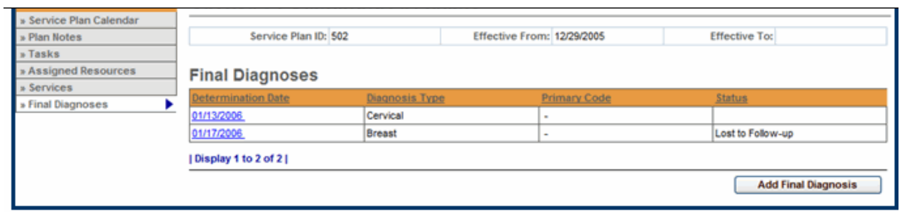
   *The **Diagnosis Assessments** page appears with the message, "The Assessment has been completed successfully."*

Adding a Final Diagnosis

Users may also maintain final diagnosis details for a client.

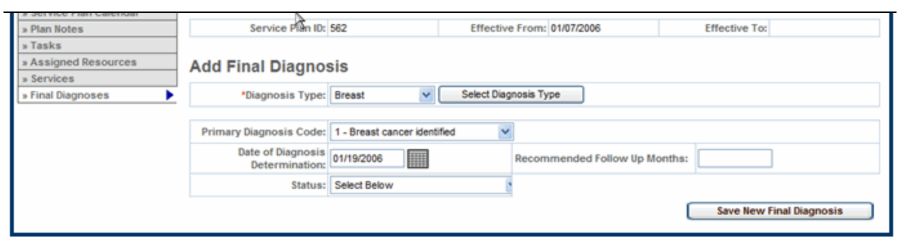
To add a final diagnosis:

1. Access the **Service Results** page.
2. Click the Services link in the breadcrumbs.
3. Click **Final Diagnosis** from the navigation bar.
   *The **Final Diagnosis** page appears.*

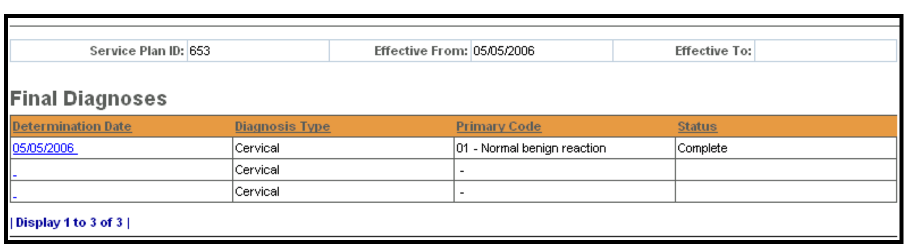


Note: Diagnostic services that are recorded without an associated final diagnosis appear on audit reports. Such diagnostic services appear open to the CDC. Completion of final diagnosis information is critical.

4. Click **Add Final Diagnosis**.
   *The **Add Final Diagnosis** page appears.*



5. Select a **Diagnosis Type**.
6. Complete the optional fields, as needed.
7. Click **Save New Final Diagnosis**.
   *The **Final Diagnosis** page appears with new entry displayed.*

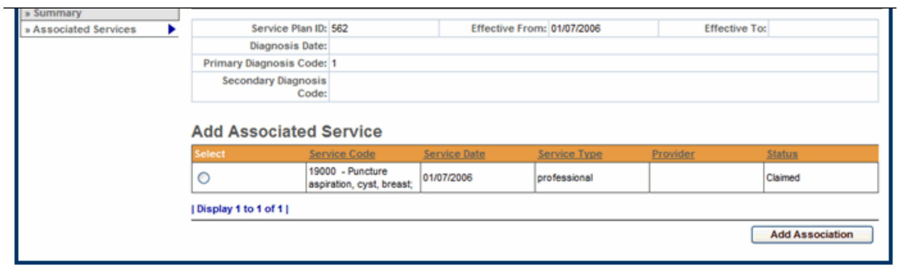


Associating Services to a Final Diagnosis

Users are required to associate service(s) to a Final Diagnosis.

To associate service to a final diagnosis:

1. Access the **Final Diagnosis** page.
2. Click the Determination Date link.
3. Click **Associated Services** on the navigation bar.
   *The **Associated Service** page appears.*
4. Click **Add Associated Service**.
   *The **Add Associated Service** page appears*.



Chapter 8: Disenrollment

Disenrollment Overview

A client is automatically enrolled for a set period of time, which is determined by the DPH program. It's during that time period, however, the client may drop, relapse, complete the program or become ineligible due to changes in income, insurance, etc. When that happens, the enrollment should be *closed*.

Additional Information

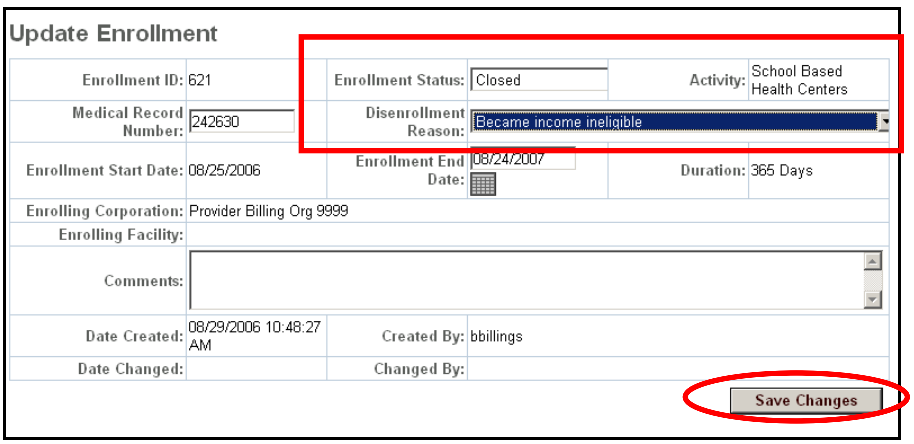
Important Note: When needed, users should refer to program-specific forms. See handouts to review the program-specific form for required field information.

Disenrolling a Client or Updating Enrollment Status

To close an enrollment:

4. Access the **Enrollments** page.
5. Click the link for the enrollment you wish to close.

   *The **Update Enrollment** page appears.*



6. Edit the necessary information.
   - o Mark enrollment status closed.
   - o Select reason for disenrollment.
   - o Enter Enrollment End Date
   - o Optional: enter comments.

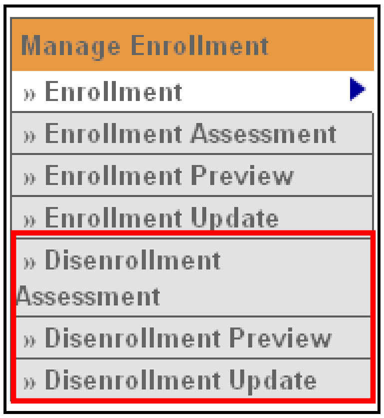
Important Note: Enrollment End date information can only be entered when an enrollment is marked as "**closed**."

7. Click Save Changes.
   *The **Update Enrollment** page appears.*

The Disenrollment Assessment

You can manage the following disenrollment activities from the navigation bar:

- Disenrollment Assessment
- Disenrollment Preview (including print assessment)
- Disenrollment Update

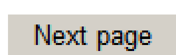


Note: See handout to review the program-specific disenrollment form for required field information and associated code sheet as needed.

Completing a Disenrollment Assessment

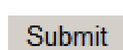
To complete a disenrollment assessment:

1. Select **Disenrollment Assessment** from the navigation bar

   *The **Disenrollment Assessment** page appears.*
2. Enter required field information.
3. Click 

.

   Additional disenrollment assessment questions appear.
4. Enter required field information.

   The enrollment assessment is complete.
5. Click 

.

   The Disenrollment Assessment page appears with a message, "The assessment has been completed successfully."

Re-enrolling a Client

To re-enroll a client:

1. Check basic Demographic information (address, phone, etc.).
2. Update Demographic information, as needed.
3. Enter Single Eligibility Activity.
4. Create Enrollment.
5. Enter Enrollment Assessment.

Note: When performing steps 3 - 5, you are repeating the initial enrollment process.

Chapter 9: Managing Service Plans (as needed)

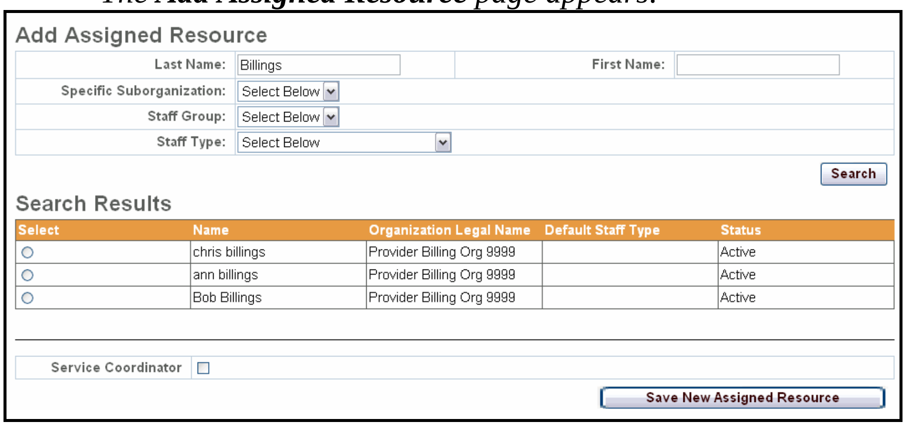
Managing Service Plans: Assigned Resources

Important Note: Each program policy will determine whether services need to be added, which is based on the contract type, program, program-business requirements, and system functionality.

Authorized users can maintain resources for a client's service plan. The resources assigned to the client's cycle of care can then be referenced as part of a particular task, appointment or scheduled procedure.

To add an assigned resource:

1. Access the **Service Plan Calendar** page.
2. Click **Assigned Resources** on the navigation bar.
   The ***Assigned Resources*** *page appears.*
3. Click Add Resource link.
   The ***Add Assigned Resource*** *page appears*.



Note: A resource search may be conducted based on the resource's last name, specific sub-organization, and staff group or staff type.

4. Select the desired resource in the **Search Results**.
5. Select the **Service Coordinator** check box to identify the resource as a Service Coordinator, if desired.
6. Click Save New Assigned Resource.
   The ***Assigned Resources*** *page appears with the new resource.*

Notes:

Chapter 10: Working with Case Management (as needed)

Case Management Overview

Authorized users can maintain resources for a client's case management. The resources assigned to the client's cycle of care can then be referenced as part of a particular task, appointment or scheduled procedure.

This is based on program requirements when abnormal results require case management.

Once a case is entered, you can insert case notes as well as schedule tasks associated with the management of each case.

Case management consolidates the collection and access to real-time client-level data sharing across all authorized staff involved in patient care.

Note: Service Plans, Case Notes, and Tasks are used for client care. Only those providing case management should be using Case Notes and Tasks.

Use case management to:

- Add a case
- Add a case note
- Add a task:
  - Add appointment
  - Add planned service
  - Add template
  - Add milestone

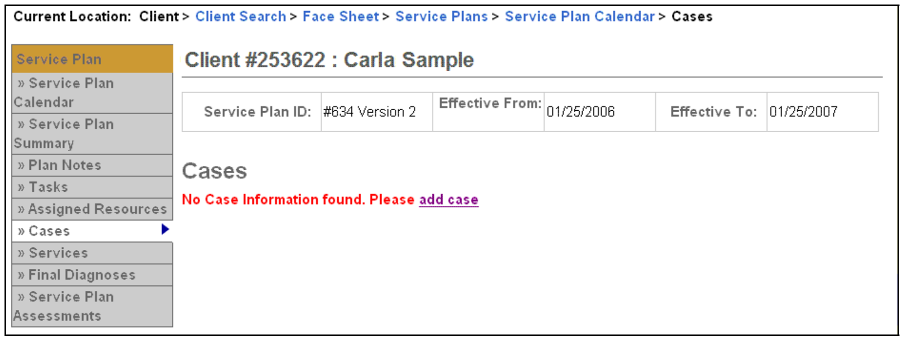
Tip: You can access this functionality using the left navigation bar and selecting Cases or from the Manage Service Plan navigation box located on the Service Plan Calendar page.

Adding a Case

To add a case:

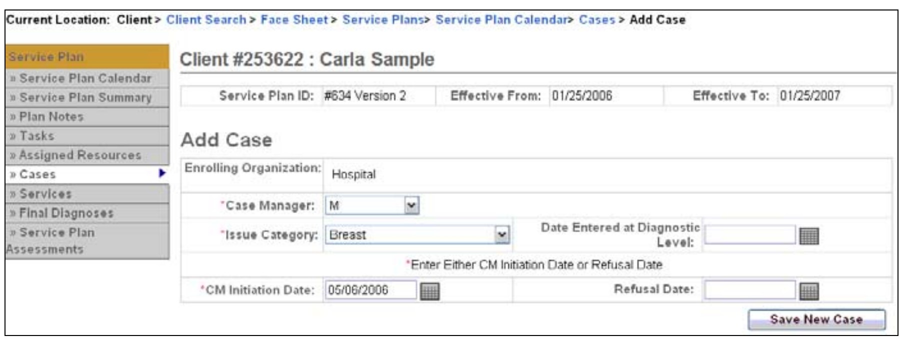
1. Access the **Service Plan Calendar**.
2. Select **Cases** from the navigation bar.

   *The **Cases** page appears.*



3. Click Add Case link.

   *The **Add Case** page appears.*

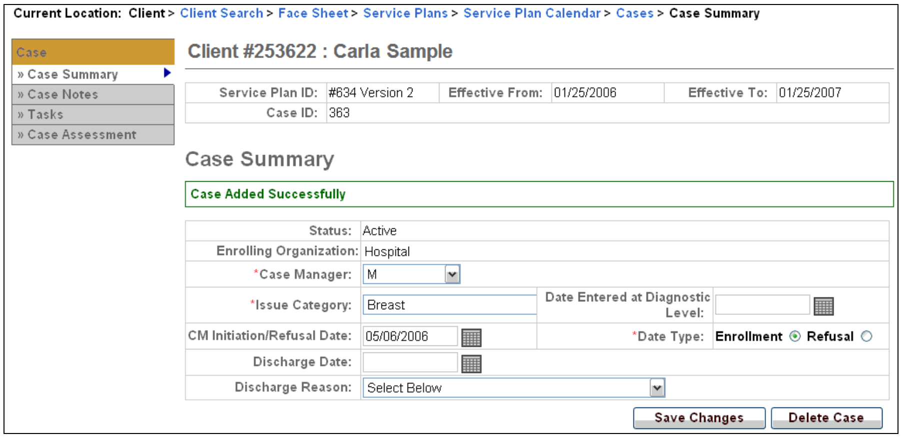


4. Enter required information.
5. Click **Save New Case**.

Adding a Case

continued

*The **Case Summary** page appears with the case added successfully.*

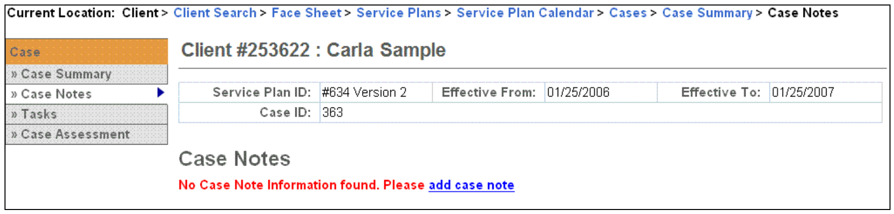


Adding Case Notes

To add a case note:

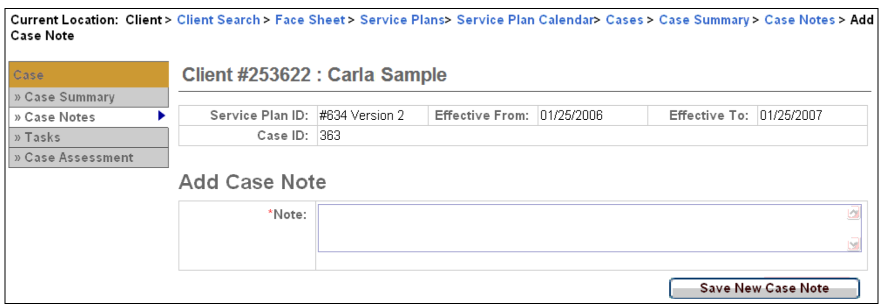
1. Access the **Case Summary** page.
2. Select **Case Notes** from the navigation box.

   *The **Case Notes** page appears.*



3. Click Add Case Note link.

   *The **Add Case Note** page appears.*



4. Type or paste information in textbox.
5. Click **Save New Case Note**.

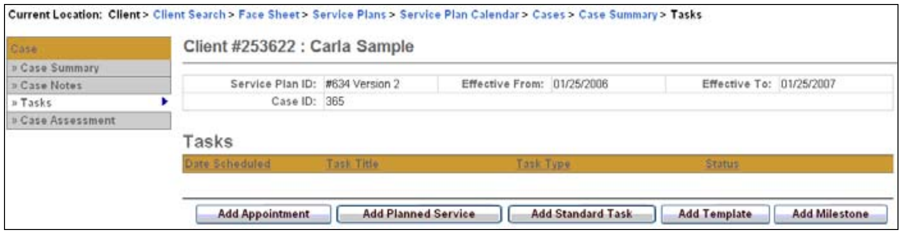
   *The **Case Notes** page appears with the note record displayed.*

Adding a Task

To add a task:

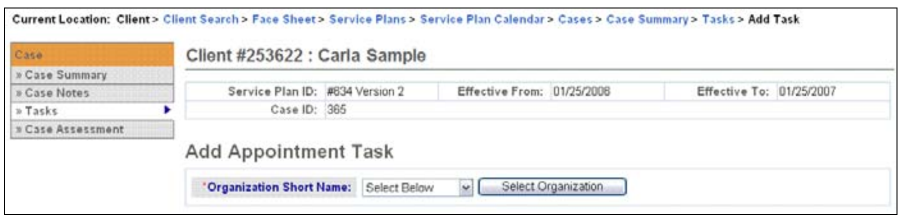
1. Access the **Case Summary** page.

   *The **Tasks** page appears.*



2. Select a task.

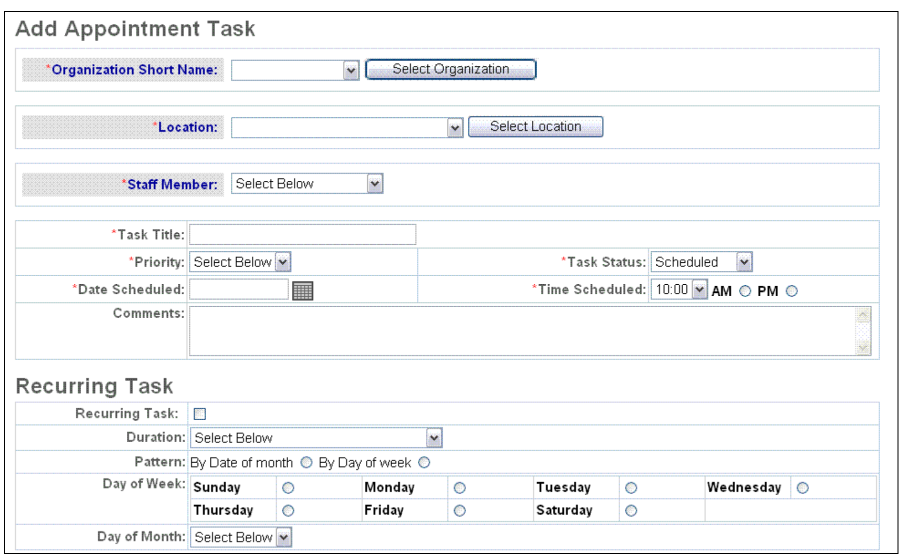
   *The appropriate **Add Task** page appears.*



To add appointment task:

3. Select **organization short name**.
4. Click Select Organization.

   The page reappears with additional fields.



Adding a Task

continued

5. Enter information for required fields.

Tip: If the task is ongoing, use the recurring task fields to document this information,

6. Click **Save New Task**.

   *The **Task** page appears with the task added successfully.*

Client #253622 : Carla Sample

Service Plan ID:	#634 Version 2	Effective From:	01/25/2006	Effective To:	01/25/2007
Case ID:	363				

Tasks

Task added Successfully.

Date Scheduled	Task Title	Task Type	Status
05/10/2006	appointment	Appointment	Scheduled

| Display 1 to 1 of 1 |

Chapter 11: Requesting a Waiver (as needed)

Waivers Overview

When a client is ineligible for the program, the authorized user can request a program eligibility waiver for a client.

The waiver is approved or denied by the *Department of Public Health (DPH)*, usually within a few days.

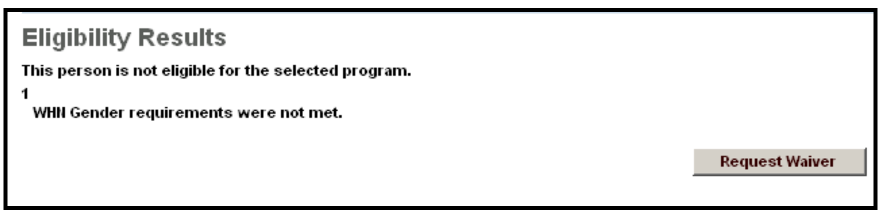
If the waiver is approved, the system allows the applicant to be enrolled.

Accessing the Waiver Request Page

The **Waiver Request** page can only be accessed when an applicant is determined ineligible through Single Program Eligibility.

To access the **Waiver Request** page:

1. Access the **Face Sheet** page.
2. Click **Single Program Eligibility** in the navigation bar.
3. Determine that the individual is not eligible for the program. (the waiver cannot be requested unless the applicant is ineligible)

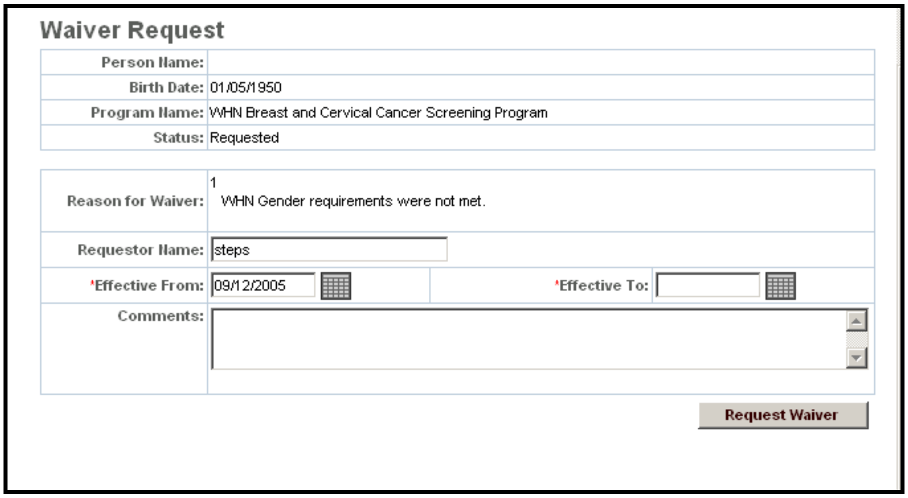


4. Click 

*The **Waiver Request** block appears at the bottom of the page.*

Requesting a Waiver

To request a waiver:



1. In the Waiver Request block, enter waiver details, ensuring all required fields are populated.

Note: In the **Effective From** and **Effective To** fields, enter dates approximately a month apart. This is the time period in which you can enroll the applicant once the waiver is approved.

2. Click **Request Waiver**
   A message confirms that the waiver request has been submitted.

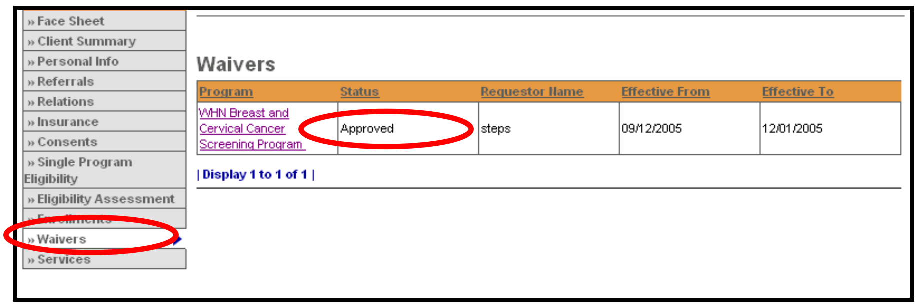
Important: In the comments section, enter reason for waiver request. A decision will be based upon rationale inserted in comments section.

Viewing Waivers

Once you submit a waiver, check the system regularly for a response. Waivers should be approved or denied within 3 days, most within 24 hours.

To view or update the status of existing waivers:

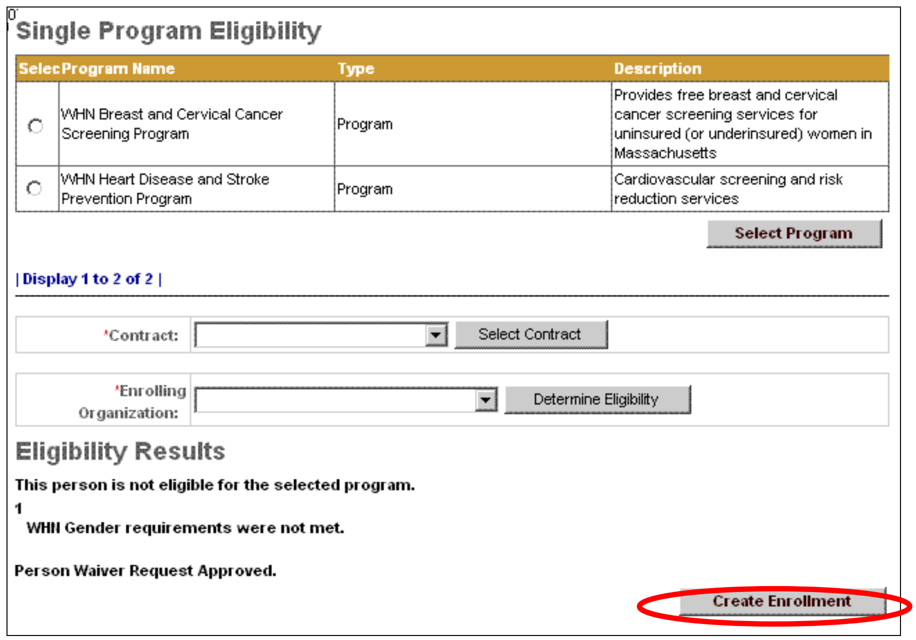
1. Access the **Face Sheet** page.
2. Click **Waivers** in the navigation bar.
   *The **Waivers** page appears; the waiver is listed as submitted, approved or denied.*
3. Click the Program link to view details.



Enrolling an Applicant With an Approved Waiver

To enroll the applicant, you must go through the Single Program Eligibility screening again. (See module 6).

The system determines the applicant ineligible; however, since there is an approved waiver, an enrollment button appears and allows the applicant to be enrolled.



Chapter 12: Working with Prior Authorizations (as needed)

Introduction

Authorizations are a function of treatment planning, case management and service delivery in the ESM system.

Business Process Overview

An authorization is the process by which providers request permission to provide a particular service or services. Not all services require authorizations. Providers should submit authorizations prior to service delivery. Previously, requests had been submitted in many forms: telephone, fax, paper and electronically. *EIM/ESM* will streamline these processes accommodating a paperless transmission.

Designated staff members from a service provider organization have the ability to create authorizations for a specific client, identify the status of each authorization, and review the amount of services for each authorization. Designated staff in the program office have the ability to review authorization requests that have been received from providers associated with their programs and respond to such requests.

Authorization Request Statuses

The following table lists the status states that are posted during an authorization request:

Status	**Definition**
Draft	Initial creation status
Submitted	Request has been sent for authorization
Hold	Status of authorization while awaiting an agency-indicated response
Approved	Authorization request approved by reviewer Once approved, services are ready to be delivered and billed on.
Rejected	Authorization request rejected by reviewer

Notes:

Chapter 13: Reporting

Introduction

Typically, reports are generated by an authorized user who chooses report content and format as part of submitting a reporting request.

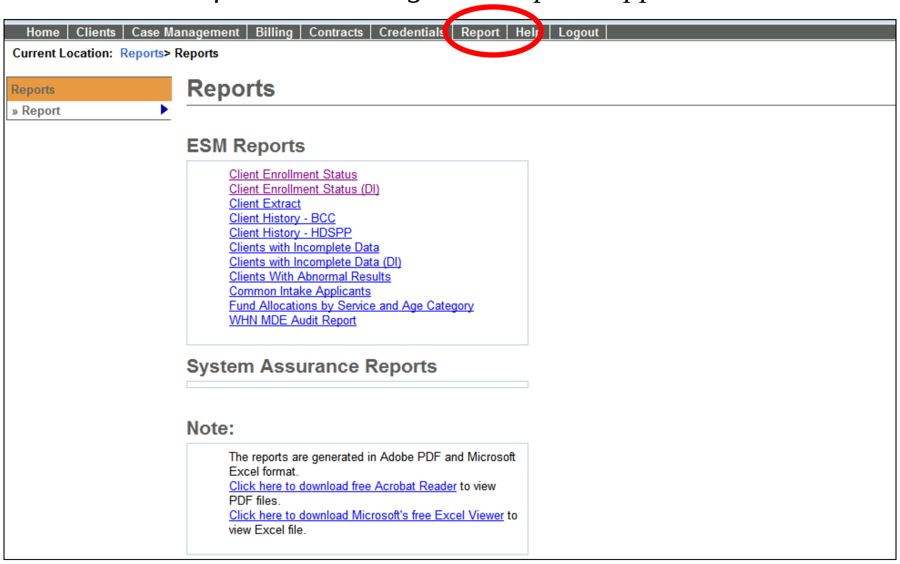
Key Terms

The following terms will help in understanding how reports function:

- **Service Management Reports:**
  Reports related to ESM functionality
- **Report Selection Criteria:**
  Parameters/filters a provider enters when requesting a report
- **Report Output Format:**
  Reports can be created as Excel or PDF files
- **Report Frequency:**
  Reports in EIM/ESM are scheduled on-demand

Accessing the Reporting Feature

To access the reporting feature of *EIM/ESM*: Select the **Reports** module. *A list of Service Management reports appears.*



Note: Access to reports is based on user security roles. Your page may look slightly different.

ESM Reports Catalog

The table below lists the reports available in EIM/ESM. Depending on your user security role, not all reports listed may be relevant to the program you are working with.

Report Name	Purpose
Aggregate Diagnosis Report (SBHC)	Provides a listing of the top 50 diagnoses made at a given site in a given period.
Aggregate Enrollment Status Report (SBHC)	Provides a copy of the new unique client enrollments per site per month for the selected year.
Aggregate Service Report (SBHC)	Provides a listing of the top 50 services delivered at a given site in a given period.
Client Extract Report	Provides contact and demographic information for a selected client population for the purpose of contacting the client.
Client Enrollment Status Report	Provides a list of clients enrolled within some specified timeframe. Can be used to identify clients that have been enrolled that have not received services, to confirm enrollments, to identify clients that have disenrolled and referred to another program (activity) and to assess organization capacity usage.
Client Enrollment Status Report - DI (BSAS)	Provides a list of clients enrolled within some specified timeframe. This version of the report without client identification information is to be used by BSAS agency users.
Clients with Abnormal Results	Identifies clients with abnormal test results that require monitoring or follow-up.
Client with Incomplete Data	Provides a list of active clients missing information. The purpose of this report is to provide a summary report of clients where data is missing such as missing Assessments (input parameters might include: Program/Activity and Assessment Name – multi-select).

ESM Reports Catalog

(continued)

Report Name	Purpose
Client With Incomplete Data - DI (BSAS)	Provides a list of active clients that are missing information. This version of the report without client identification information is to be used by BSAS agency users.
Common Intake Applicant Report	Identifies clients that have been processed through common intake. Provides a list of applicants processed through common intake for a specific program.
Client History - BCC	Shows the full clinical history of services received and paid, funding sources, results, diagnosis, and treatment information for selected client/s. This report format will be used with site visit criteria to generate site visit client history as well.
Client History - HDSPP	Shows the full clinical history of services received and paid, funding sources, results, diagnosis, and treatment information for selected client/s. This report format will be used with Site visit criteria to generate site visit client history as well.
Diagnosis Report (SBHC)	Provides a copy of the enrolled individuals associated with a selected diagnosis.
Encounter Status Report (SBHC)	Provides a copy of the unique daily encounters per site for each month of the selected year.
Fund Allocations by Service and Age Category (Fund Allocation Report)	Analyzes fund allocations by service and age categories. The CDC requires monitoring performance against guidelines based on Age and Service Category.
Services Not Associated With a Claim or Have an Error	Provides a list of services that are in draft or ready state that have not been associated with a claim or services that have been rejected.

Entering Report Criteria

Criteria selection tailors report results. By entering criteria, a user can determine the details and grouping of the report data. Criteria include dates, activity, locations, and contract numbers.

To enter criteria and run a report:

1. Select the **Reports** module.
   A list of Service Management reports appear.
2. Click the name of the individual report link.
   *A **Report Criteria** page appears.*

   Note: The **Report Criteria** page will differ depending upon the specific report being requested.
3. Enter criteria.
4. Select a **Report Format** *(PDF is the default).* Report criteria are not always printed on reports. Users may find it helpful to record criteria manually.
5. Click Run Report.

   The report opens in a new window.
6. Click **File** from the menu at the top of the page, select **Save As** for *Excel file* or **Save a Copy** for *PDF*.
7. Navigate to the desired location; enter a title in the **File Name** field and click Save.

Tip: Click Clear to clear out report criteria entered.

Trouble - Shooting

Listed below are some of the most commonly asked questions about running reports in EIM/ESM.

Problem	Possible solutions
Why am I not getting the results I expected?	• Double-check that criteria filters are correct • Consider user security
Why doesn't this match my legacy reports?	• Double-check that criteria filters are correct
Why does my computer stall when I try to run certain reports?	• Check your report parameters (dates, contract numbers etc). It may be the parameters you specified returned no results. Sometimes, when the system is trying to return an 'empty' report, it stalls. This does not happen every time when there are no results returned. If the system is unresponsive after five minutes, close any unresponsive windows. • Reports do not run directly off the EIM/ESM service. They run from a separate database that is regularly refreshed with EIM/ESM information. The time delay for this replication is about 20 minutes, so if you just entered information into EIM/ESM, you would not be able to report on it until about 20 minutes later.
When I alert customer service about reports not running or taking too long to run, what information should I provide?	• Make a note of the report name and the date and time you attempted to run it. • Provide the input parameters you used (contract number, vendor name, etc.) and how long you waited before the report timed out or you halted your efforts. If an error message appears on the screen, make a note of that as well.

Notes: